information carefully. The of death clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town CUMBERLAND MARYLAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State MARYLAND County ALLEGANY City or town LONA CONING (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL	Street No. (If rural, give LOCATION)
How long in hospilal or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME ALEXANDER ANNA MRS.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20, DATE OF DEATH. JANUARY 1, 1948 19 2:25 1
6.(b) Name of husband or wife ALEXANDER JOHN 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) SEPTEMBER 20, 1894 8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace MARYLAND (Town, county, and state) 10. Usual occupation Advisable of the property of the	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 10. 19. and that I last new to allow on 19. Immediate cause of centh DURATION Due to 0.
11. Industry or business 12. Name BRIMLOW JOHN 13. Birthplace MARYLAND 14. Maiden name E.V.ANS, ELIZABETH 15. Birthplace	Other conditions
Address Concine M. Address Concine M. 17. Buria, cremation, or removal. Which? Cemetery or crematory. Address G. S.	Antopsy results. PHYSICIAN: Please underline the cause in which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location Frankfisher MA	Injured at home, farm, Industry, public place (where?) Maens of Injury A Injured at work?
Address Western Fort 244	H. J. Minni
19. Jan 3 18.48 W. Frank M. A (Date rec'd by registrar)	Address Date signed J

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother) State
3. (a) FULL NAME Winnie Way 4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divagred	MEDICAL CERTIFICATION 3. (b) Social Security Number Medical Certification
Female White Widowed 6.(6) Name of husband or wife Powell arrelle 6.(c) If alive, give age years 7. Birth date of	20. DATE DF DEATH 21. I CERTIFY That death occurred on the date above stated; that I attended deceased from 19.48 at 52 PM 21. I CERTIFY That death occurred on the date above stated; that I attended deceased from 19.48 and that I last saw here alive on the date above stated; that I attended deceased from 19.48 and that I last saw here alive on the date above stated; that I last saw here alive on the date above stated; that I attended deceased from 19.48 at 52 PM 20. DATE DF DEATH.
8. AGE: Years Months Days If less than one day 6 4 3 20	Immediatorange of death Coleuro careculara of breast 5-723. Due to
1D. Usual occupation Houseworks 11. Industry or business 12. Name	Due to
14. Maiden name Margaret Schalling 15. Birthplace Fullslown Way.	(Include pregnantly within 3 months of death) Major findings of operations (Messer Carcinomia Greast Date of op Obourt June 4
16. Informant Address / 39 Paylordo St Court Md. 17 Buriol 18. Informant Date thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Alas Hillentstone Ma. 18. Funeral director John Address Currelland Md.	Mases of thirty Injured at home, farm, Industry, public place (where?) Injured at work?
19. Jen '20 19 48 Luk Truit, M. D. Bate ree'd by registrar	23. SIGNATURE M. D. or other Address 11.0 3. Centre 34. Date signed 1-20-48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Force poor infants give residence of mother)
City or lown	State County County County Office RURAL applying nearest (myst)
Hospital, Institution, a street address where death scurred	Street No. (If rural, give LOCATION)
How long of hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Katherine Shield	Sund 3. (b) Social Security Number
Female They Dradowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH JAN 23 1943 at 5 3 A
6.(b) Name of husband or wife	21. I CERTIFY that thath occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Cerebral Vasedon accident 5 min
S. Sirthplace (Town, county, and state)	Due 10. Cerebral autrioselesses 4 yes.
1D. Usual occupation.	Due to
11. Industry or business	
12. Name 12. Name 13. Birthplace Undans	Other conditions
14. Moiden name Paragent Beau.	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthpiace	Date of op.
Das III II II II II	Aptopsy results.
16, Informant	.PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2 4 easte let. South of his	22. VIOI.ENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or remove). Wyschro	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Consider the Constitution of the Cons	Means of injury Injured at work?
18. Funeral director	11.11/10 9
Address from y	23. SIGNATURE (In hun T.) oued (m.). M. D. or other
19 (Date ree'd by registrar) Registrar	Address 110 S. Centre (24. Date signed 5-23-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Allegany City or town Inttle Orleans (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 19 years Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME Marie Ashkettle 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
female white single 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH. Jan. 17 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18
7. Birth date of deceased (mo., day, yr.) Oct. 29 1928 8. AGE: Years Months Days If less than one day 19 2 /8	Immediate cause of death Pulmonary tuberculosis August Company Pulmonary Pulmonar
9. BirthplaceLittle Orleans Md. (Town, county, and state) 10. Usual occupation Student	Due to
12. Name Harry Ashkettle 13. Sirthplace Little Orleans Md. 14. Maiden name Theodosia Barnes 15. Birthplace Little Orleans Md.	Other conditions
Address Jittle Orleans Md. Burial Date thereof Jan. 21, 1948. (Burial, cremation, or removat. Which?) Cemetery or crematory Cemetery Location Little Orleans Md.	Autopsy results
18. Funeral director ChasR.Bast. Funeral Home	23. SIGNATURH.V.Deming M.D.H.V.Deming M.D. M.D. Oate signed] 1.7-48

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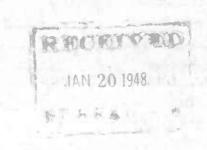
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIF	TCATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown Cumberland Md. (If outside city or town limits, write RURAL and give nearest to	State Md. County Allegany City or town Little Orleans
How long in above place of dealh? Hospilal, Institution, or street address where death occurred: Allegany Hospital How long in hospital or Institution? 1.3/4 hours	Street No
3. (a) FULL NAME	3.(b) Social Security Number
	Mars.
Mrs. Theodosia Ashkettle	
1.00	
female white married	20. DATE DE DEATH. Jan. 13 19. 48 at 11 a 15
6.(b) Name of husband or wife Harry Ashkettle	40 1- 10
7. Birth date of	and that I last saw h.er ally dead Jan. 13 19 4
deceased (mo., day, yr.) April 13 / 8 9 0	Immediate cause of death
8. AGE: Years Months Days 11 Jess than one day 57 9 0 hrs.	Waterhouse Freidrichsem about 24 hrs.
31.4	Due to Meningococcemia
9. Birihpiace	Due 10. International Control of the
10. Usual occupation Housewife	Due to.
11. Industry or business	Due to
11. Industry or dusiness	Dther conditions adrenal hemorrhage
D-	
	(Include pregnancy within 3 months of death)
14. Maiden nameJane. Bishop	Major findings of operations.
Pa.	Dale of op.
16. informant allegans Ivosp Record	Antony results as above
1 1 mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Surial, cremation, or remoyer, (Which?) (Burial, cremation, or remoyer, (Which?)) (month) (day)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory At Patricka Chan	Where did injury occur?
18. Funeral director Charles R. Bast Funeral H	the state of the s
Address Hancock Md.	22 SIGNAYURE H. V. Deming M.D. H. V. Duning 142
19. Jan. 14 19 48 Hak. Grantz.	M. D. or Mr. Registrar Address Cumberland Md Dale signed 1.14.48



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2411 N. Charles St., Baltimore

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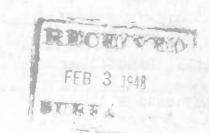
CERTIFICATE OF DEATH

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CERTITION	Reg. Dist. No	
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State Md. County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nea	
Hospital, Institution, or street address where death occurred: 109 Laing Ave.	Street No. 109 Laing Ave. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security 214-07-266	
Harry James Athey 4. Sex 5. Color or race 8.(3)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE DF DEATHJan24	
6.(b) Name of husband or wife Hazel Elizabeth Snyder At	EXTERMIFY that death occurred on the date above stated: that I attended dece	ased trom
7. Birth date of deceased (mo., day, yr.) July 29 1886	and that I last saw h. im all Dead Jan. 24	19.48
8. AGE: Years Months Days It less than one day	Immediate cause of death	
61 5 25hrsmin.		2 A.
9. BirthplaceKeyser W. Va. a. (Town, county, and state)	Due to	•••••••••••
10. Usual occupation Pipefitter 11. Industry or business	Due to	
12 Name Thomas B. Athey 13 Birthplace Keyser W. Va.	Dther conditions	
14. Malden nameCarrieMydinger	(Include pregnancy within 3 months of death) Major findings of operations	
15. Birthplace Romney W. Va.	Dale of op.	
16. Informant Gerald Athey	Antopsy results	statistically.
Address 109 Laing Ave., City. 17. Burial (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	
Cemetery or crematory St. Luke's Cem.	(city of count)	(State)
Location Cumberland, Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral directorJohn J. Hafer	Manys of injury Injured at work?	distantly To.
Address Cumberland, Md.	23. SIGNATUREH . V. Deming M. D. H. V.D.	ing HOD
19. Fall. 26 19 48 LUR. TAMB, M. Registrar	Address Cumberland Md. Date signed.	1-24-48

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1. PLACE OF DEATH:

3. (a) FULL NAME

Male

8. AGE:

4. Sex

5. Color or race

deceased (mo., day, yr.) July 12, 1906

12. Name John Barchiesi
13. Birthplace Italy

17 Burial (Burlal, cremation, or removal, Which?)

Date rec'd by registrar)

Laborer

Italy

White

How tong in hospital or institution?....

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10. Usual occupation.....

11. industry or business

Allegany

Cumberland,
(If outside city or town limits, write RURAL and give nearest town)

OTTAVIO BARCHIESI

Nancy Franze

Paliona, Rome Italy
(Town, county, and atate)

Hirsh Hide Co.

Angelina Luniori

Mrs. Nancy Barchiesi

Address 115 Oak St., Cumberland, Md.

18. Funeral director Charles L. George

Cumberland, Md.

St. Patricks Cem.

Cumberland Md.

6.(a) Single, married, widowed, or divorced

.6.(c) If alive, give age

Married

If less than one day

Oate thereof Jan. 24, 1948
(month) (day) (year)

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICAT

2411	N.	Charles	St.,	Baltimore

OF DEATH	Reg. Diat. No	4
2. USUAL RESIDENCE (HOME)	OF DECEASED:	
2. USUAL RESIDENCE (HOME) (For newborn infants give residence		
	couoty Allegany	
lly or town Cumberland	nits, write RURAL and give neare	et town)
115 Ook St	b.	ge 45 H 117
	ive LOCATION)	
.(a) It veteran, name war		
	3. (b) Social Security No	umber
	214-07-09	60
MEDICAL	CERTIFICATION /	
_	19 48	.1
1. I CERTIFY that death occurred on the date		
	19 to 20 San	19.48
ed that I last saw h he alive on		19
mmediate cases of death	an 20,1948	19
mmediate correct death		19
mmediate correct death	an 20,1948	19
mmediate gause of death Researchic He with method	an 20,1948	19
	an 20,1948	19
mmediate cause of death Reserved He motion we to a marginal of the company of	an 20,1948	19
mmediate cause of death Reserved He motion we to a marginal of the company of	an 20,1948	19
mediate cause of death Rossia He Mill method we to 2 marginary we to 2 marginary	an 20,1948	19
mmediate cause of death RESULTANT HE WAS A STATE OF THE	an 20,1948 int diseur	19
mediate cause of death Reserved He will make a second death we to the conditions (Include pregnancy within	an 20,1948 If disease Strongish Strongish	19
ther conditions. (Include pregnancy within	an 20,1948 If discus Station Station	DURATION
the conditions. (Include pregnancy within	an 20,1948 If discus Schools Schools Bate of op.	19
ther conditions. (Include pregnancy within lajar findings of operations.	an 20,1948 If discuss State of the state o	DURATION
ue to	an 20,1948 Allos Smonths of death) Date of op.	DURATION
ue to	an 20,1944 And descore And descore Bale of op. Which death shauld be charged streamer, fill in the following:	DURATION Atiotically.
ue to	an 20, 1944 Also described and described and described and an analysis of death) Bate of op. which death shauld be charged structured and an analysis of death analysis of death and an analysis of death and an analysis of death and an analysis of death analysis of deat	DURATION
ther conditions. (Include pregnancy within	an 20, 1944 Alse of op. Bate of op. which death shauld be charged structured by the charge of the courses, fill in the following: Bate of	DURATION Atistically.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County CUMBERLAND, MDARYLAND (It outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 5.2 DAYS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND State County ALLEG City or town L.ONA. CONTING. (If outside city or town limits, write RURAL and give nearest town) Street No
3.(a) FULL NAME BARCLAY, ROBERT MR.	3. (b) Social Security Number 214-01-6716
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH 1/26/ 19 48 of 9:45
6.(b) Name of husband or w.G. ETSON, CORA LEE. 7. Birth date of deceased (mo., day, yr.) JULY 4 8. AGE: Years Months Days If less than one day 22 8. Birthplace MD. Lonaconing Allegany County (Town, county, and state) 10. Usual occupation COAL MINER 11. Industry or busines Consol Coal Market December Alexander 12. Name BARCLAY, ALEXANDER Alexander 13. BirthplaMD. Lonaconing 14. Maiden name GARLITZ, VERNA 15. Birthplace MD. Carrett County 16. Informant George McAlpine Address	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19. It and that I last saw h. And alive on Due to. Date of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Purial (Burial, cremation, or removal, Which?) Cemetery or crematory Location Location Location Address Lonaconing Address Lonaconing Address Lonaconing Address Lonaconing Address Lonaconing Registrar Registrar	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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eg.	Dist.	No.	

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Expression residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Notuse Barth 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
Finale White Hidring	20. DATE DE DEATH 220 3 19 46 at 125 A M
6.(b) Name of husband or wife	21. I CERTIFY that goth occurred on the date above stated; that I attended deceased from \$18. \$\int \text{S}_1, to \text{19}.
7. Birth date of deceased (mo., day, yr.) Rec 12 1862 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
85 - VIhrsmin.	Due to Successing
9. 8irthplace	Due to.
11. Industry or business	
12. Name	Other conditions
HUN 14. Maiden name. Chary 15. Birthplace Linkmonn	Major findings of operations
16. Informant Inso Recial Mario	Autopsy results
Address 17. Date thereof (day) (year) (Burial, eremation, or removal, Which?)	22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Asymet Class	Whars did injury occur?
18. Funeral director Garris Stein Gre	Injured at home, farm, Industry, public place (where?)
Address Combestand Let	23. SIGNATURE. J. J. Heurs hone le. D.
19. Jan 19. 48 MNS CALONAUNOU, Date rec'd by registrar) Registrar	Address Factor Faw, W. Va Date signed 1-4-40



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: Allegany Retween Cumberland and	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Mily or fown Rural) in Auto and Old Town Md.	state Md . County Allegany
	City or town Old Town Md. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Dead on arrival at Memorial Hospita	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Richard L. Bays	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH. Jan. 19. 19. 48. 45. 30A. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from to
6.(c) If allve, give ageyears	and that I last saw h im all Doad Jan. 19 18 48
7. Birth date of deceased (mo., day, yr.) Jan. 19. 1948	Immediate cause of death
8. AGE: Years Months Days If less than one day about	Exposure about 1
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	minutes
Between Cumberland Town Allegany Co Md	Due to being born in an automobile
S. Birthplace	on the way to Memorial Hospital
10. Usual occupation 7/10-11	Due to & weather near zero.
11. Industry or business	DUC (V. AMERICA (M. AMERICA (M
	Diher sonditions Baby nad been born about
12. Name Carl D. Bays 13. Birthplace Nallan W. Va.	1/2 before cord was servered.
K The man William Will	(Include pregnancy within 3 months of death)
14. Maiden name Mary Wilson 15. Birthplace Old Town Md.	Major findings of operations.
E 15. Birthplace Old Town Md.	
16 informant Mrs. Carl D. Bays	Antopsy results
Address Old. Town Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory O O Ottown Centery	Where did injury occur?
Location allagen Cr. M.J.	Injured at home, farm, Industry, public place (where?)
18. Funeral director drain Itain.	Means of Injury Injured at work?
Address Cumbarland Mangagand.	23. SIGNATURE H. V. Deming M.D. H. V. Saming M.A.
Jan 20 19 48 luk trauts, M. S.	M. It of other
(Date rec'd by registrar) Registrar	Address Cumberland Md. Date signed 1.19.48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Reg. Dist.	No.	6	

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			Allegan	T		
City or town	Barton)	URAL and give nearest town)		nty	у
How long in above place	outside city or town	2. vea:	PS	City or town arton	write RURAL and give neare	est town)
Hospital, Institution, or	street address where	death occurred		Street No. Latrobe	Street	,
Lat	trobe St	eet		Street No. (If rural, give	LOCATION)	
How long in hospital o				2.(a) It veteran, name war.		
3. (a) FULL NAM	E				3. (b) Social Security N	umber
		ELLEN	BEARD			
4. Sex	5. Color or race	8.(a)Single	, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White	W	idow	20. DATE OF DEATH January 2	7 19 48	4:25p
6.(b) Name of husband	or wife Edv	ward B	eard	21. I CORTIFY that death occurred on the date abo	eve stated; that attended deceas	ed from
0.(0,7,110		5 (6) It alive, give ageyea	Jan 10, 184	1.0 10	197Q
7. Birth date of		. 1855	7 11 anve, give age	and that I last saw halive on	:	19¥.X
deceased (mo., day,			I If less than one day	Immediate cause of death		DURATION
8. AGE: Years		Days				
92		26	hrsm	n. arteriosclesoses - gener	slegel 22/18/48 ales	
9. Birthplace Baj	rton, Al	legany	Maryland	Due to		*****************
10. Usual occupation.	House	wife				
	Owner To		***************************************	Due to		
11. Industry or busines				- Deschile		
12. Name				Other conditions	,	
3. Birthplace Ireland				(Include pregnancy within 3	months of death)	
H 14 Maiden name	unkno	wn				
14. Maiden name.				Major findings of operations		
≥ 15. Birthplace	TIT 1	D 33			Date of op	
16. informant		WA 17		Autopsy results	hich death should be charged at	tatistically.
Address	Barton	, Mary	Land			
"Burial			Jan. 30.1948	22. VIOLENCE: If death was due to external cau		
(Burial, cremation	n, or removal. Which	Date there	Jan. 30, 1948 (month) (day) (year)			
Cemetery or cremat	Laur	el Hil	1 Cemetery	Where did injury occur?(City or town)	(County)	(State)
Cemetery of Cremat	Mosco	w. Mar	yland	Injured at home, Jarg Vindustry, public place (w		
Location			.96.11	Means of Injury	Injured at work?	
18. Funeral director	Ellswo	rth S.	Boal	Means of injury	. 1)	/ \
Address	Western	port.	Maryland	(Maranda)	Tremes	M.h
1		1984m	Roals a mai	23. SUSNATUPE.	М. 17. от	
19 Date rec'd by F	edistrar)		Registr	ar Address Westernpart	md Date signed.	-178148



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Reg. Diat. No

(if outside city or town limits, write RURAL and give nearest town)

HAMPSHIRE

CERTIFICATE OF DEATH

1. PLACE OF DE	EATH:		2. USUAL RESIDENCE (HOME) OF DEC
	Outside city or town lin	MARYLAND mits, write RURAL and give nearest town)	State W.VA. County
MEMORIA	L HOSPITA	leath occurred: L AYS	Street No(If rural, give LOCA
How long in hospital	or institution?		2.(a) It veteran, name war
3. (a) FULL NAM BENNETT		MR.	3.
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERT
MALE	WHITES	WIDOWED	20. DATE OF DEATH JANUARY 18,
6.(b) Name of husban		MARGARET	21. I CERTIFY that death occurred on the date above and the date above above above above and the date above
7. Birth date of deceased (mo., day	, yr.) >	?1865?	and that I last saw h.j. Maalive on
8. AGE: Yea 82	Months >	Days If less than one day hrs.	min. Misocardia
1D. Usual occupation	t hmer	county, and state)	Due to
13. Birthplace 14. Malden name 15. Birthplace	· Chy	Morra	(Include pregnancy within 3 month)
16. Intermant	Louis Suntale	Bate thereof Jan 20 19 1/2 This Pale Cemeters Stain, In	Autopsy results PHYSICIAN: Please underline the cause to which d 22. VIOLENCE: It death was due to external causes, t Accident, suicide, or homicide Where did injury occur? (City or town) Injured at home, tarn, industry, public place (where?) Meens of injury 23. SIGNATURE
Date rec'd by	19.4	Regis	strar Address Climbertona

Street No	••••••	
(If rural, give I	OCATION)	/
2.(a) It veteran, name war		
	3. (b) Social Security N	umber
MEDICAL CE	RTIFICATION	
2D. DATE OF DEATH JANUARY 18,	19 48	8:40A
21. I CERTIFY that death occurred on the date above 22. I CERTIFY that death occurred on the date above 32. I CERTIFY that death of least occurred on the date above 33. I CERTIFY that death occurred on the date above 34. I CERTIFY that death occurred on the date above 35. I CERTIFY that death occurred on the date above 36. I CERTIFY that deat		ed trom 19.45 DURATION
Due to	exbergler	
(Include pregnancy within 3 m	an Sully ontils of death)	
Autopsy results	ch death should he charged st	atistically.
22. VIOLENCE: It death was due to external caus		
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or town)	(County)	(State)

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In is especially important. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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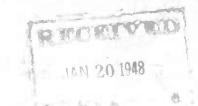
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DR.	1.3	URRETT
11210	10	U A LA LLUI A A

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND ALLEGANY		
City or town. CIM DERLAND (If outside city or town limits, write RURAL and give nearest town)	State		
How long in above place of death? 3 days Hospital Institution, or street address where death occurred:	City or town		
MEMORIAL HOSPITAL	(If rural, give LOCATION)		
How long in hospital or institution? 3 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
BLACKLIN, ELEANORA MRS.	None		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE WHITE MARRIED	20. DATE DE DEATH JANUARY 12 19 48 ,21 11:20P		
6.(6) Name of hueband or wife. MR.e. THOMAS BLACKLIN 6.(c) If alive, give age. 83 7. Birth date of LANUARY 30, 3873	21. I CERTIFY hat death occurred on the date above stated: that I attended deceaced from		
deceased (mo., day, yr.) JANUARY 10, 1873	and that thet saw harmonialive on 19		
8. AGE: Yeare Months Daye If lees than one day	myocondite 3 mm		
75 d 2min.	francho - Premonia 3 can		
9. Birthplace WEST VIRGINIA (Town, county, and atate) HOUSEWIFE 10. Usual occupation	Due to		
12. Name WILLIAM GRIMES (DEC.) 13. Birthplace VIRGINIA	Other conditions		
E 14. Malden name MARTHA MAYS (DEC.	(Include pregnancy within 3 months of death) Major findings of operations.		
	Date of op.		
16. Informant Things Roschling	Autopsy results		
Address 17.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location	Injured at home, farm, industry, public place (where?)		
18. Funeral director Pour Stein Line	Meane of injury tnjured at work?		
Address Cumbuland mid	23. SIGNATURE Sunsain		
19. Jas. 15 19. 48 W.R. Trauts M. Date rec'd by registrar Registrar	Addrees Date sighed 13/48		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinite give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
	ton Brodows 3. (b) Social Security Number
4. Sex 5. Color or ract 6. (a) single, married, widowed, or divorced Wale White Widowed 6. (b) Name of husband or wife Jourse Perseum 8. (c) If alive size see	MEDICAL CERTIFICATION 2D. DATE DF DEATH
T. Birth date of deceased (mo., day, yr.) Nov 20/87	and that I last saw have on Java Last Saw have on Java Last Saw have on Java Last Saw have on Last Saw have on Last Saw have saw
8. AGE: Years Months Days If less than one day 77 28	Due 10.
11. Industry or business general Coulqueters 12. Hame Journ J. Brudour J. 13. Birthplace Blade W. Va.	Dither conditions
14. Maiden name. Wahala Junlaing 15. Birthplace Kitzujiller Wa.	(Include pregnancy within 3 months of death) Major fiudiags of operations. Date of op.
Address 2 / U. Oldown Kd. Lund Ko 17. Bural (Burial, cremation, or remayal, Whishy) Bate thereof (mghth) (day) (year)	Astopsy results
Cometery or crematory Cooks Cometary Location Wellershing (a.)	Whera did injury occur?
19. Address Level Land Andrews Level Land Andrews Level Land Land Land Land Land Land Land Land	23. SIGNATURE
(Date rec'd by registrar)	Address Date signed

JAN 27 1948

Within corporate limits + MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Allegany (For newborn infants give residence of mother) carefully. The arly and legible Allegany State Maryland Cumberland, Cumberkand (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... 222 Grand Ave. Hospital, institution, or street address where death occurred: Allegany Hospital (If rural, give LOCATION) information of death cle How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number AGNES MATILDA BREIGHNER 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex MEDICAL CERTIFICATION BINDING Female White Married 20 DATE OF DEATH Jan. 20, 1948 at 8:10A M William F. Breighner 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from FOR deceased (mo., day, yr.) May 19. 1881 It less than one day Years 8. AGE: RESERVED 66 Cooks Mill, Penna.
(Town, county, and state) Housewife 10 Usual occupation.... ARGIN 11. Industry or business 12 Name James T. Mattingly 13. Birthplace Penna. (Include pregnancy within 3 months of death) 14. Maiden name Rosalie Topper 14. Maiden nat Major findings of operations.... Penna. 16 Interment Mr. William Breighner PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 222 Grand Ave., Cumberland. Md 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Date thereof Jan 23 1948 (month) (day) (year) u Burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemetery or crematory St. Patricks. Cem. Location Cumberland, Md. Injured at home, farm, Industry, public place (where?) Meens of Injury Charles L. George SE Cumberland, Md. Address (Date rec'd by registrar)

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PLAINLY, WITH UNFADING INK. Supply every item of it especially important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Allegany	(For newborn infants give residence of mother)		
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 20 Years	State Md. County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Nospital, Institution, or street address where death occurred:	Street No. 727 Genhart Drive		
727 Gephart Drive	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war. World War 1		
3. (a) FULL NAME	3.(b) Social Security Number		
Ened Martin Brown	705-05-4994		
Fred Martin Brown 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	about p. 20. DATE OF DEATH. Jan. 10. 19.48. 21.11 P.		
6.(b) Name of husband or wife Martha Nortne Ault	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
O. (U) Name of husband of file	19		
7, Birth date of 7, Bir	and that I last saw h. im all Daad Jan. 12 19.48		
deceased (mo., day, yr.) #eb. 13-1893	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Coronary occlusion at once		
52 10 25min.			
9. Birthplace Stevens City Va. (Town, Sunty, and state) 10. Usual occupation Crane operator for B&O.R.Ry			
11. industry or business			
12. Name	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name. Mary L. Brown 15. Birthplace Stevens City, Va.			
Stevens City, Va.	Majur findings of uperstions		
16 Informant Mrs. Ethel M. Cramblitt	Antupsy results		
Address 527 Lousiana Ave, Cumberland, Md.	22. VIOLENCE: If death was due fo external causes, fill in the following;		
17 Burial (Burial, cremation, or removal, Whieh?) Dafe thereof Jan 15, 1948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Rosedale Cemetery	Where did injury occur?		
Location Martinsburg, W. Va.	tnjured at home, farm, Indusfry, public place (where?)		
18. Funeral director	Means of tolury Medical Examiner Injured at work?		
Address Cumberland, Md	H. V. Deming M.D. N. V. Sumy 223.		
19. Jan - 14 19. H. Standy M. Gegistrer (Date ree'd by registrer)	Addres Cumberland Md. Dafe signed 1-12-48.		

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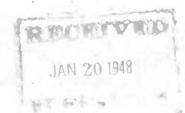
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No4	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City County Cumberland Rural (If outside city or town limits, write RULAL and give nearest town) Street No. LaVale (Iterral, give LOCATION)	
3. (a) FULL NAME	3. (b) Social Security Number	
Conrad Whetsell Burk	None	
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Widowed	20, DATE DF DEATH Jan. 12, 19 48, at	
6,(b) Name of husband or wife Rebecca Jane Kight 5,(c) Name of husband or wife Rebecca Jane Kight 5,(d) Name of husband or wife Rebecca Jane Kight 5,(d) Name of husband or wife Rebecca Jane Kight	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7. to 19. 4.5. and that I last saw h. 6	
deceased (mo., day, yr.) Feb. 27, 1863	Immediate cause of death DURATION 3 dy	
9. Birthplace Bruceton, W. Va. (Town, county, and state) 1D. Usual occupation Lubrication Engineer 11. Industry or business Oil - Returned 12. Name Richard G. Burk 13. Birthplace Bruceton, W. Va. 14. Maiden name Mary Whetsell 15. Birthplace Oakland, Md.	Due to	
Address LaVale, Cumberland, Md. 11. Burial Burial But thereof and 14, 1948 (Burial, eremation, or removal. Which?) Cemetery or crematory Philos Cem. Location Westernport, Md. 18. Funeral director Charles L. George Address Cumberland, Md. 19. Cumberland, Md. 19. Cumberland, Md. Registrar Registrar	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

		CERTIFICA	Reg. Diat. No	P	
1. PLACE OF DEAT	ATTO	gany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County.			State Md. County Allegany		
City or town			City or town. C: Limber Land. (If outside city or town limits, write RURAL and give nearest town)		
Boonttol institution or etc	h stady seaths too	eath occurred:			
Pen-Mar Br	ick & S	upply co's Plant	Street No. 210 Laing Ave.		
Manleside.	South C	umberland Md.			
How long in hospital or in	Tead on				
3. (a) FULL NAME Hospital		Hospit	3. (b) Social Security Number		
11 1			214-05-5610		
		6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
4. Ses 5	, color of face	g.(a) single, marries, also ace, or allower		P	
male	white	married	20. OATE OF DEATH	2110-10 N	
6.(b) Name of husband or	wife. Fanni.	Louise Rinker Ca			
7. Birth date of 350 months 5 7005		6 (c) If all ye plue age # 3	19, to		
7. Birth date of			and that I last saw himal DeadJan19	134.8	
deceased (mo., day, yr.)	march:) 1885	Immediate cause of death		
8. AGE: Years	Months	Days If less than one day	Chronic Myocarditis	several	
62	10	/4m	in.		
	Adam bases	. 117 37-	malso had hypertention due to		
9. BirthplaceMar	Ginsour	ounty, and state)	maso dad da la	* *************************************	
		at brickyard.	arteriosclerosis		
			Oue to		
11. industry or business	Mig. of	brick.		** ************************************	
置 12. Name	Charles	El. Cagles	Other conditions		
13. Birthplace Gunker Holl W. Va.					
			(Include pregnancy within 3 months of death)		
里 14. Maiden nameC	Leah .	Staut	Major findings ol operations		
14. Maiden name Leah F. Staut 15. Birthplace Geedysyrlle, Md.		relle ma.	Date of op.		
21 15. Brimpiace		7			
18. Informant		AAT TO THE PARTY OF THE PARTY O	Antopsy results		
Address 1/05 Fifth St., Cumberland		St. Cumberland			
17. Date thereof Au. 27, 1948 (Burial, cremation, or remova). Which?) (Burial, cremation, or remova).		Va. 22 1948	22. VIOLENCE: If death was due to external causes, fill in the following:		
		Date thereof (month) (day) (yesr)	Accident, suicide, or homicide		
	7/.///		Where did injury occur?	/Ct-t-)	
Cemetery or crematory		1000			
Location	assure	Mays, Me	Injured at home, farm, Industry, public place (where?)		
Al O 1 las			Means of injury Medical Branch injured at working	egeny Co	
18. Funeral director	11/1 11	The one	manual ma		
Address	Vulute	sland Md.	23. SIGNATURE H. V. Deming M.D. H. V. Den	ing 240	
	, 10	(A Janto m)	m. D.	or other	
19, Aut regis	O. 19 4 8	Registr	Address Cumper Land Md. Date signed	1-19-48	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

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07.	Diat. No. 107	

CERTIFIC	ALE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: aglegang	2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:
City or town	my & Same	unty allegany
How long in above place of death?		ts, write RURAL and give nearest town)
	(Ifrurai, giv	e LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Charles a. Car	abine	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	2D. DATE OF DEATH.	ERTIFICATION 1948 at 925 an
6.(b) Name of husband or wife Many Joanes Canalis	21. I CERTIFY that trath occurred on the date at	pove stated: that I attended deceased from
6.(c) It alive, give age	years	47 10 Jean 17 1948
7. Birth date of deceased (mo., day, yr.) June 9-1869	and that I last saw h Lannaalive on	DURATION
8. AGE: Years Months Days tf less than one dayhrs.	Immediate capse of death	Zeule .
Sant land - allen - m	1 0-1-10	ela sis
9. Birthplace (Town, earnity and state)	Thous lugar	All-
11. Industry or business R. R. Amaeleun X.	Due to	
H 12. Name Marling Caroline	Dther conditions	
K	(Include pregnancy within 8	
14. Maiden name	Major findings of operations	
m 2- m	Autopay results.	
16. Informant Han January Constant A Lauren	PHYSICIAN: Please underline the cause to	which death should be charged statistically.
Address TMT Sawaya	22. VIOLENCE: It death was due to external ca	
(Buriai, crematon, or removal Wich?) Bate thereof. (Jonth) (day) (year		
Cemetery or crematory	Where did injury occur?(City or town)	(County) (State)
Location	Injured at home, farm, Industry, public place (
18. Funeral director.	Moens of Injury	tnjured at work?
Address Towalburg, M	23. SIGNATURE COLLEGE	Mary
19. Date ree'd by registrar) 19. 48 Ulroneca Milennel	istrar Address Courdenlas	1. A. Date signed Asset 19



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No....

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Classification of the County C	0///
1 1/2	State Ma County allegany
City or town	City or town Luke
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	
302 Cromwell St.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
HANNAH ANN	Clark.
4. Sex S. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
exe po intito Window	() 40
Jenule White Whate	20. DATE OF DEATH
Telelliam + black	21. I CERTIFY that death occurred on the date above stated; that, aftended deceased from
6.(b) Name of husband or wife.	Occ 24 1945 to Jan 4 1948
8.(c) If allve, give agevears	1) // .
7. Birth date of	and that I last saw h and alive on the same and the same
deceased (mo., day, yr.) Willy & 100	Immediate cause uf death, OURATION
8. AGE: Years Months Days If less than one day	Carebral Kemenhage 2 hrs
88 4 26hrsmin.	
8. Birthplace Button - Bellemen - maryland	Due to Dypelinaine car chineseathy / Dyn
J. Sirihplace ((Town, county, and state)	disease
12 Hard counciles Divinisher	
1D. Usual occupation.	Oue to
11. Industry or business Dell's Acrel	
12. Name Waffish Poloud	Other conditions Charlets Melliti. 6 yr
F. Contract of the contract of	
13. 8irthplace	(Include pregnancy within 3 months of death)
14. Maiden name anny tollies Maare	
	Majur findings of operations
S 15. Birthplace Unknown	Oate of op.
marie alente	Autopsy results
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fulce Ma	9
B	22. VtOLENCE: If death was due to external causes, fill in the following:
(month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Westermant a new	Injured at home, (arm, Industry, public place (where?)
Location	
18. Funeral director Ellsun II Alboul	Meens of Injury Injured at work?
18. Funeral director	1000
Address Wisterneon in	ange Willer of the mil
(C O De Agall O Tra	23. SIGNATURE
19 Jan-6 19 27 100000000 Ber /11	(D) & t (1) (10 1-6-4)
(Bate rec'd by registrar) Registrar	Address Date signed



information carefully. The correct of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Cumberland Md (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Md. County Allegany City or town Climberland (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: * 132 Fredrick St.	Street No. 132 Fredrick St. (tfrural, give LOCATION)	
How long in hospital or institution?	2.(a) if veteran, name war	
3.(a) FULL NAME Myrtle M. Couchenour	3, (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, warried, widowed, or divorced Female White married	MEDICAL CERTIFICATION 20. DATE OF DEATHJan. 8	
8. (b) Name of husband or wife. William A. Caughenour 6. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) May 15 1898 8. AGE: Years Months Days If less than one day 49 7 23	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
9. Birthplace	Due to. Due	
14. Maiden name. U.S. Birthplace	(the lude pregnancy within 3 months of death) Major findings of operations	
16. Informant Itm a Conghenous	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.	
Address 17. Bartel (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Community Community Constitution	Injured at home, farm, industry, pub ¹¹ c place (where?)	
18. Funeral director Louis Stein Inc.	Means of injury injured at work? Deputy Medical Examiner - Allegany Co.	
19 Address Cumberland 19 Add / > 19 48 W.R. Statutz, M. A. Registral (Date rec'd by registral)	23. SIGNATUREHAV. Deming M.D. H.V. D. ming M.D.	

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MARGIN RESERVED FOR BINDING

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

G CL	es St., Baltimore 1310 00022
CERTIFICAL	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County County Clify or fown 10 miles write RURAL and give nearest to an open county of the county
232 Kraft Place	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Was Jeannah Co	rdelia Dawson Youe
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowed	20. DATE OF DEATH 9 19.48 21 Z:45
8.(b) Nams of husband or wife andrew Dawson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	18 10 10 10
7. Birth date of	and that I lest saw h Caralive on
8. AGE: Years Mounts Days It less than one day	Immediate squee of death DURATIO
88 5 20hrsmin.	Charace Mysestuce 109
9. Birthplace. Sleefey (Town, county, and state)	Due to.
10. Usual occupation	Duo 1o.
11. Industry or business at Hose Q	
E 22. Namo Solu & Shefapard	Dithor conditions
13. Birthplace	(Include pregnuncy within 3 months of death)
14. Maiden namo Wary Web abee	Major findings of operations.
15. 8irthplaco W. Va.	
16. Informant Mrs Edith glover	Autopsy results
Addross 7 3 2 harf blace with wy	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial cremation or removal Which?) Date thoroof Jan. 12 1948.	Accident, suicide, or homicide
B' Co to	
Comotory or crematory	Where did injury occur?
Location wear nawtings M.O.	Injured at home, farm, Industry, public place (where2)
18. Funeral director	Moons of Injury Injured at work?
Address Cumberland Md,	23. SIGNATURE AND DELLASUR
19. Jan. 12 1948 and trantz, M.D. Moate rec'd by registrar	Address Date signed



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information carefully.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Diat.	No			4

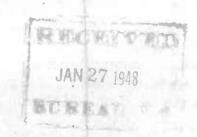
CERTIFICATE OF DEATH

				100, 5100 100	
1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
			state Pa. County Bedford		
			City or towRural) Bedford	Valley	earest town)
			Street No. R. F. D. 3 Redford Pa. (If rural, give LOCATION)		
			2.(a) if veteran, name war		
3. (a) FULL NAM		To Mark		3. (b) Social Security None	Number
4. Sex	5. Color or race	De Moss 6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White	Widowed	20, DATE OF DEATH Jan. 16	194.8	3. at]
		am R. DeMoss	21. I CERTIFY that death occurred on the date abo		
7. Birth date of deceased (mo., day.)	Man	18, 1875	and that I last saw h.eralive onJar		
8. AGE: Years	44	Days If less than one day	General Debility &	cardiac	a re
		On Penna county, and state)	Due to Chronic myocarditis		
10. Usual occupation	House	wife	Due to		year
11. Industry or busines			Other conditionsBronchopneu	monio 3 mo	
12. Name	Penns	emer			
t4 Maiden name		cken	(Include pregnancy within 3 a		
t4. Maiden name.	Penna.		Major fiedings of operations		
	. Nellie	Ruby	Actorsy results	tish death should be charge	I statistically
		ford, Penna.	22. VIOLENCE: If death was due to external cau		
17. Burj	al , or removal. Which?	Date thereof Jan. 19, 1948. (month) (day) (year)	Accident, suicide, or homicide	Date of	
		wship Cem.	Where did Injury occur?(City or town)	(County)	(State)
Location Centreville, Ps.			Injured at home, farm, Industry, public place (w		
18. Funeral director	Charles	L. George	Msans of Injury	Injured at work?	
Address	Cumbe	rland, Md.	23. SIGNATURE H. V. Deming N	D H.V.Der	ung ;
19. Jan.	18, 1948	WR. trauts M. D.	Adm.Cumberland Md		or other
/thiste wee'd by we	mintrof)	Registrar	Address A THI DE L' LEATIO M.O.	Date signed	

(If ro	aral, give LOCATI	ION)	/
	3. (b	None	lumber
MEDIC	AL CERTIF	FICATION	
20. DATE OF DEATH	16	48.	at.1.15Pm
21.1 CERTIFY that death occurred on the Jan. 15 and that I last saw h. er. alive on death. General Debili Failure Oue to Chronic my o	Jan. 1 ty & Ca	Jan. 16 5 rdiac	5 19 48 19 48 OURATION A L'ew days
Other conditions Broncho (Include pregnancy	within 3 months o	f death)	cs previ

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23. SIGNATURE H. V. Deming M. D. H. W. War AddressCumberland Md Date signed 1-16-4



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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In is especially important. Physicians: please write the causes of death clearly and legip

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RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

110024 eg. Diat. No.

932

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County College County	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	(If outside of or town limits, write RUBAL and give nearest town)
How long in above place of death?	
456 Pennsylvana Clue	Street No. 456 [If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	
3. (a) FULL HAMP	3. (b) Social Security Number
William sowin Vicke	220-10-0730
4. Sex 5. Color or race 6.(a)Single, parried, widowed, or divorced	MEDICAL CERTIFICATION
M W Single	20. DATE DE DEATH QAM, 3 1948 21/1:/ 6 PM
	21. I CERTIFY that Beath occurred on the date above stated; that Lattended deceased from
6,(b) Name of husband or wife	Je 1847 to Jan. 3. 1848
7. Birth date of Page Years	and that I fast saw beautie on See. 24. 19.4.7.
deceased (mo., day, yr.) May 26 1867	
8. AGE: Years Months Bays If less than one day	Immediair cause of death DURATION Council Sunds
80 \$7 7nin.	
10 11 10 -+0	Comment of the second
9. Birlhplace Old Tond (Jounney Tenny)	Due to Coronary Schaross
ID. Usual occupation. A. A. M.	Due ta alionie Myseardly
11. Industry or business	
12. Name adam full states 13. Birthplace Bedford Country 19.	Dither conditions
13. Birthplace Bedford Cuenty To	
	(Include pregnancy within 3 months of death)
14. Maiden name Harmah Camp 15. Birthplace Somerset Counts Pa	Major findings of operations.
E 15. Birthplace & omerset youngs 19	
16. Informant Mas. Ervie & illogate	Aniopsy results.
100 (V)	PHYSICIAN: Please underline the cause in which death should be charged statistically.
Address 486 Penna. Upl.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Durial Date thereof Jan. 6 40	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (day)	
Cemetery or crowatory	Where did injury occur?
Location Duffafor RU # 1/ Lewis	Injured at home, tarm, industry, public place (where?)
18. Funeral director Harvey H. 3 eig Er	Means of Injury Injured at work?
11. 1 000	& furnity
Address Hynaman 14.	23. SIGNATURE.
Jan 5 48 W.R. Frank M. D	M. D. or other
(Date rec'd by registrar) Registrar	Addréss unberland Date signed 5/48



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: Alegany.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (11 curside city or town limits, write RUM) and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Jackson Street	Street No. (If rurn), give LOCATION)
How long In Nespital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
agnes Harfrer Rankers	Dobbie -
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemal White Widowed	20. DATE OF DEATH. 1 6 1548 at 3 P. 1
6.(b) Name of husband or wife Julian To Leallane	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h SV alive on 1/16/48 19
deceased (mo., day, yr.) may 27, 4877	Immediato cause of death
8. AGE: Years Months Days If less than one day	Coronary Overtoses
70 7 19hrsmin.	
9. Birthplace Lancacana allegan mid	Due to
10. Usual occupation.	B. A.
11. Industry or business Quan 74ame	Due to
= 12. Hame Lames Runtain	Dither conditions
13. Birtholace Scatland	Biller Conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
E 15. Birtholace Scatland	Date of op.
16. Informan Ms Elizabeth 13 aulan	Autopsy results.
Address France aning and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buril Date thereof Jun 19 47	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator I was I Hell Cemetry	Where did injury occur?
Location howsen and	Injured at home, farm, Industry, public place (where?)
19. Funeral director on Eichharn	Means of injury injured at work?
Address Lanae oning and	000 9.
10 10 of at a land	23. SIGHATURE CLIQUE ON D. or other
19 Jan 19 48 Jannelle M Bogistra	Address Tong min And Bote signed 1/1/1/48

FFR 3 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Countilly How long in hospital or institution? 3. (a) FULL NAME JAMES Sale	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex Sale 5. Color or race 6.(a) Single, married, widowed, or divorced William Color of divorced Col	MEDICAL CERTIFICATION 2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Months Days If less than one day 7. 9 6	and that I last saw home alive on from 5 18 48. Immediate cause of death OURATION Chomic my o earlite 14.
9. Birthplace Surve alta Puetra, W. Va, 10. Usual occupation Survey 11. industry or business Over Furny	Due to Chronic nephrity 6 ms Uremia 1 WIG
12. Name Collin Dadyl 13. Birthplace W. Va.	Other conditions
16. Informant Earl Wadge	Major findings of operations
Address Westury 17 Date thereof and (948 (Burial, cremation, or removal, Which?). Cemetery or crematory addition and (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director Ellswarth SBaal Address Wisterspart, Ind	Meens of Injury Norman Revery M. A
19 Date red by redistrar) 19 To Barting Registrar	Address Westernant M. D. or other Address Westernant M. D. or other Address Westernant M. D. or other

MARGIN RESERVED FOR BINDING

LAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct especially important. Physicians: please write the causes of death clearly and legibly.

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(month) (day) (year Date thereof. or removal, Which?)

18. Funeral director Address

WRI

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Registrar

Injured at home, farm, industry, public place (where?)

(City or town)

Accident, suicide, or homicide,.....

Where did Injury occur?

Means of Injury

(County)

Injured al/work?

. 1:

JAN 27 1948

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MARYLAND STATE DEPARTMENT OF HEALTH BOTTON HULLELSON 2411 N. Charles St., Baitimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: Cellegary 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Hospital, Institution, or street address where death occurred: How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION FOR RESERVED Due to Chronic Muccarditic and Muse and sel 10 Years Major findings of operations. especially PHYSICIAN: Please underline the cause in which death should be charged statistically. Address 22. VIOLENCE: Il death was due to external causes, lill in the following: Where did Injury occur?(City or town) WRITI Injured at home, larm, Industry, public place (where?) Date rec'd by registrar)



information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Neg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Formewborn infants give residence of mother)
County County County County	State mansfand County Allegary
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
50 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Street No. 5.0 Barrel (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John William H	senning none
4. Say 5. Color of dice 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE DE DEATH. Jan. 31 19 48 21 11 421
6.(b) Name of husband or wite Carrie Hall	21. LEERTIFY that death oppured on the date above statute that attended deceased from
6.(c) tt alive, give ageyears	1000 100 100 100 100 100 100 100 100 10
7. Birth date of deceased (mo., day, yr.) Charl 1 1874	and that hast saw h
8. AGE: Years Months Days If less than one day	Impatible cause of death all fel surful. Sur a
73 9 30min.	
Cumberland and.	Due to A JC // // //
9. Birthpiace	manyun unyun / yun aug
10. Usual occupation 10 baller maker finding	Oue to
11. Industry or business Broky	
t2. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Tueltyn Juckson 15. Birthplace Penny	
15. Birthplace Penns	Major fiediogs of operations
D	Actupsy results.
16. Informant	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address S O Some S Comment My	22. VIOLENCE: It death was due to externat causes, fill in the tollowing;
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Rose 1410 Carneters	Where did Injury occur?
Change of the Contract of the	Injured at home, farm, Industry, public place (where?)
Location	Maens of Injury / Injured at work?
18. Funeral director	10, 11/1
Address Combestand.	23. SIGNATURE SI
10 Late of 10 48 lup traits m.D.	Uny DONALL (+ 6 KUMM Cor other
(Qate ree'd by registrar) Registrar	Address Date signed

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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Dist No 9

CERTIFIC	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH January 10 1948 21 // 9
6.(b) Name of hueband or wife 6.(c) It alive, give age 7. Birth date of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.)	21. CERTIFY that death occurred on the date above etated; that attended deceased from 48
8. AGE: Years Mombs Days If less than one day	min. Due to
11. Industry or businese 12. Name	Due to
14. Maiden name Published Scarling Inc. 15. Birthplace Freshord Scarling Inc. 16. Informant Scarling Inc.	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2 3 3 Part of the Company of Company	22. VIOLENCE: It death was due to external causes, till in the tollowing:
Location Frankling Marketing 18. Funeral director County Marketing Marketing Andrews Frankling Andrews	Injured at home, tarm, Industry, public place (where?) Meene of Injury Injured at work?
19. 1- 12 19.88 Mus Lauly N. Ru. (Date rec'd by registrar)	23. SIGNATURE M. D. or other M. D. or other Address Frostburg, Md. Date signed 1/12/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

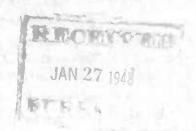
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CERTIFICATE OF DEATH

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CERTIFICA	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother) State
Faul Whalley &	ngland 214-07-213-
4. Sex Wale White Warried. 6.(6) Name of husband or wife Mulded atwell	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) after 19,1902	
8. AGE: Years Month Days It tess than one day 45 Days It tess than one day hrs. min. 9. Birthplace Cumberland Allegang Callet (Town cooply, and stage) 10. Usual occupation. Machine Of American States and States and States are supported by the states of American States and States are supported by the stat	Due to the leaguesis was made.
12. Name Shap: Filliplica de la	Other conditions
16. Informant	Autupsy results
17. (Burial, cremation, or removal, Which?) Cemetery or crematary	22. VIOLENCE: ff death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Address Comberland Tud	fnjured at home, farm, industry, public place (where?) Msans of injury Injured at work?
(Date red by register) 18 48 WR. Tranty M.L.	23. SIGNATURE M. D. or other Address Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Otal State of B of many	State allary land county & asset too
(If outside city or town limits, write RURAL and give nursest town)	Tity or town Fide Anna
How long in above place of death?	(If outside city or town limits white RURAL and give nearest town)
Hospital, institution, or street address what death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) 11 veteran, name war
3. (a) FULL NAME	
Emanda Layton Jan	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	2D, DATE OF DEATH. 1 2 148 at 150 P. M.
allen & bole	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife when the same of husband or wife the husband or wife the same of husband or wife the same of husband or wife the	121. I Centre in a death occurred on the date above states; inal fatherwed decoased from
7. Birth date of	and that I last saw hear alive on 14 48 19
deceased (mo., day, yr.) 1/104/, /8626	Immediate cause of death.
8. AGE: Years Months Days tt less than one day	Sousmour cell contilons
73 0 1/1hrsmin.	of left ear with netities
9. Birihplace Frame Gavett Con Md.	oue to mech
10. Usual occupation Husework	Due to.
11. Industry or business Que Home	
12. Name Deter ayton	Other conditions
X 13. Birthplace Unknown	
# 14. Maiden name Unlawown	(Include pregnancy within 3 months of death)
15. Birtholace authoroun	Major findings of operations.
me al Or Mark Don liele	
18. Informant MASS. Selection of the Conference	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Linaconing Find	22. VIOLENCE: It death was due to external causes, Illi in the following:
(Burial, cremation, or removal, Which?) Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Bak I fill Counting	Where did Injury occur?
China mile mil	
Location Laconing, And	Injured at home, 1arm, Industry, public place (where?) Means of Injury Injured a1 work?
18. Funeral director Outlines	means of titler) titler at work!
Address Lonaconing, Md.	Aug Chang True M.D.
wanted all tangette mand	M.D. or other
((Date rec'd by registrar)	Address Long to Mary Market Date signed



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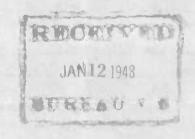
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 0534

City or town. (If outside city or town/mits, write RURAL and give nearest town) How long in above place of death? 30 years Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyland County Allegany City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Mahalah Jane Flanagan	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Tenale White Widowed 6.(b) Name of husband or wife Michael Flanagar 1. Birth date of deceased (mo., day, yr.) Feb. 9, /866 8. AGE: Years Months Days If less than one day 1. Months Days	MEDICAL CERTIFICATION 20. DATE OF DEATH. Jan. 7th. 19 48 at M 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 18.47 to 18.48 and that Last saw h. en. alive on Jan. 18.48 Immediai. cause of death. DURATION 13. day.
9. Sirthplace	Due to
Address Rawlings, Md 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Washer Commentery Location Nanville, Md.	Autopsy results
19. Funeral director 7. Address , Keyper, W. Va . 19. (Date red'd by registrar) 19. (Date red'd by registrar)	23. SIGNATURE LOS for M. D. or other Address Kuyan Wa Bate signed 1-8 48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

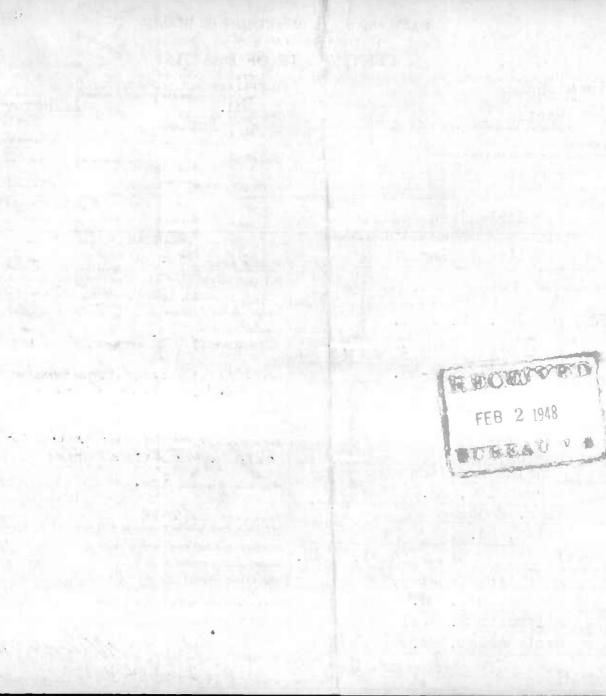
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CERTIFICATE OF DEATH

Reg. Diat. No..

1. PLACE OF PATHE gany County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. Allegany State County Allegany City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Gloria Jean Foutz	3. (b) Social Security Number
Female S. Color or race S. (a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. Jan. 30 1948 21/2:/0.P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from Jan 3.0. 19.48, to Jan 3.0. 19.48. and that I last saw h. 8. f. alive on Jan 3.0. 19.48.
8. AGE: Years Months Days If less than one day	Conganital Edona Of lungs 3 Hours
Barton-Allegany-Md. 9. Birthplace Barton-Allegany-Md. 11. Industry or business 12. Name James Foutz 13. Birthplace Barton, Md. 14. Maiden name The Ima Hamilton 15. Birthplace Franklin, Md. 18. Intormant James. Foutz 18. Intormant James. Foutz	Due toOTher Congenito Malformations. Of Candia Vasculat System Due to Dither conditions Congenital Malformations of
Burial Burial Burial Burial Burial Bate thereof Jan. 31, 1948. Cemelery or crematory. Philos Cemetery Westernport, Md. Burial Bate thereof Jan. 31, 1948. Cemelery or crematory. Philos Cemetery Westernport, Md. Burial Bate thereof Jan. 31, 1948. Contain Philos Cemetery Westernport, Md. Burial Bate thereof Jan. 31, 1948. Bate thereof Jan. 31, 194	22. VIOLENCE: If death was due to external causes, fill in the following: NOUE Accident, suicide, or homicide



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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WITH UNFADING INK. Supply every item of information carefully. In important, Physicians: please write the causes of death clearly and legi

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FOR BINDING

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CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town (it outside sity or town limits, write RURAL sid give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Many County County City or town limits, write RURAY and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Clisabeth Rachael F	roat 3. (b) Social Security Number
Female White Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or write Abilian Frost	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 21; 190/	and that I last saw h class alive on helps 5 19.19.6
8. AGE: Years Months Days It less than one day	Coroner reclication
9. 8irthpiace MARROW, allegany Co., All	Due 10
10. Usuat occupation Jourse work	Due to
12. Name Charles Sigles 13. Birtholac Wesley front Ind.	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Codith Doland 15. Birthpiace Barton Ard.	Major findings of operations. Date of op.
16. Informant Jus. Francis Leall	Autopsy results
17. Burial Date thereot Dans 10, 194	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal Which?) Cemetery or crematory. Lawel File (month) (day) (year)	Accident, suicide, or homicide
Location M. Tasour M.	(City or town) (County) (State)
18. Funeral director M. Erchhorn	Meens of Injury Injured at work?
Adress Lonaconna, And	- 23. SIGNATURE HUMAN M. Hodgan My V
(Date rec'd by registrar) 1948 Registrar	A 1 Box, 32 Cumberland Ind Date signed Jan 9 4 6

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WITH UNFADING INK. Supply every item of information carefully. important. Physicians: please write the causes of death clearly and le

PLEASE WRITE PLAINLY, is especially

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MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Diat. No.

				10g. Diet. 110	
1. PLACE OF DI			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence o	OF DECEASED:	
County ALLEGANY			State MARYLAND County ALLEGANY		
City or town	outside city or town liz	nits, write RURAL and give nearest town)	1		
How long in above place	e of death?	3 DAYS	City or town (If outside city or town limi	LND its, write RURAL and give nearest town)	
Mospital, Institution, o	or street address where t	Jealn occurred:	Street No. 227 N. MECHA	ANIC ST	
		PITAL	(If rural, giv	ve LOCATION)	
How long in hospital	or Institution?	3 DAYS	2.(a) It veteran, name war		
3. (a) FULL NAM	1E			3. (b) Social Security Number	
WIT	SON G. GRA	Nu		More	
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
MALE	WHITE	MARRIED	20. DATE OF DEATH JAN 30	1948 at 7:20A	
e (h) Nama at husbani	d or wite	W. BATTELLE MILLS	21. CERTIFY that death occurred on the date a	bove stated: That, attended deceased from	
O.(O) Name of nusuam			15 15	70 je fall 8 1 19 5	
T. Birth date of			and that I last saw b	19. 7	
deceased (mo., day,		1898	Impediate cause of death	DURATION	
8. AGE: Yea	rs Months	Days If less than one day	Geregeral Mu	aliquoting	
# 14	7	3hrsm	" Medleguere		
9. Birthplace	Benna	county, and state)	Due to Augnores	you /	
	(Town,	county, and state)	Suprav	enal	
10. Usual occupation	PAII	ITER	Oue 10.	a p	
11. Industry or busine	SELF		_ Cancer : Primar	y site - signoid	
至 12. Name	GRAN	IT, GEO.D	Dther conditions		
12. Name	W. VI		(Include pregnancy within		
Maldan same	CART	DER, ELLA			
14. Malden name			Major findings of operations		
≥ 15. Birthplace	00.	C 1		Date of op.	
16. Informant	megun museum	S COMMITTED IN	Antopsy results	which death should be charged statistically	
Address 22	3 00 W. W	Johnie St. Umb.			
17 Dans	2	Date thereof Feb 2 1948	22. VIOLENCE: If death was due to external c		
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)			Accident, suicide, or homicide Date of		
Cemetery of crematory Authority Suns Parks			Where did injury occur?(City or town) (County) (State)	
Location Cu	habelon	ml.	Injured at home, farm, todustry, public place (
	dimi: 2	tr. · Juan	Means of Injury	Injured at work?	
18. Funeral director.			100		
Address	meladar	· My	A 23. SIGNATURE	Duseun .	
10 Foli.	2, 19 48	W.R. frank M.	A house	M, D. or other	
(Date rec'd by 1	registrar)	Registr	ar Address	Date signed / 3	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Cliy or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Clarify or town County Clarify or town limits, write RURAL and give nearest town) Street No
9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sara Elizabeth Grew	3. (b) Social Security Number
Female White Widowed Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH. JONNING 4 1948 2100 A.
6.(b) Name of husband as wife Charles Street	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Funce. 3 1864 8. AGE: Years Months Days It less than one day	Immediate cause of death. A. M. C. C. C. DURATION
9. Birthplace Rural Swanton Barrett, Md.	
11. Industry or business	Due to Se hility without Somile 2 Pears
12. Name J. Afterson Record	Unclude pregnancy within 3 months of death)
14. Malden name Listian Broodwater 15. Birthplace Not known	Major fisdiags of operations. None
16, Informant Mrs Herry Clark	Autopsy results
Burial, cremation, or removed. Which?) Date thereof. Jan. 6 1948 (Burial, cremation, or removed. Which?) (month) (day) (year)	22. VIOLENCE: tt death was due to external causes, till in the following: Accident, suicide, or homicide
Cometery or erematory Sauges Hell Location MARCON MA	Where did injury occur?
1 Mal MA/" Tal. 10	Means of Injury Injured at work?
Address grantsaile MA	23 SIGNATURE Paul RAVILLON M. D.
19. ————————————————————————————————————	Address Pledment W. Va Date signed 1-5-48

JAN 6 1948

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2411 N. Charles St., Baltimore

W 5	CER'	TIFICATE OF DEATH	Reg. Dist. No.
information carefully. The corr	1. PLACE OF DEATH: County	(If opts de city or town i	imits, write RURAL and give nearest town)
ormati	3. (a) FULL NAME	an Griffith	3. (b) Social Security Number
BINDING ry item of the causes	4. Sex 5. Color or race 6.(a) Single, married widowed, o	20. DATE DF DEATH	ie above stated; that I attended deceased from
F wr	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one of the state of the sta	and that I last saw h	Los mos. 19 days.
MARGIN RESERVED NFADING INK. Supi rt. Physicians: please	9. Birthplace	Oue to	
WITH UNF	12. Name	(Include pregnancy with	in 3 months of death)
LAINLY, Vespecially	Address 1I	22. VIOLENCE: If death was due to extern (day) (year) Accident, suicide, or homicide	Date of
9.45-15N	Cemetery or constant Location 18. Funeral director. A Maria Mar	/	(County) (State) ce (where?)
VS A15	Address 19. 1- 19	23. SIGNATURE Address Postly	M. D. or other M. D. or other Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Oate signed 1-6-48

	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
			MARVIAND ATTECANY
City or town	MBERLAND	nits, write RURAL and give nearest to	own)
			City or town
Hospital, Institution, or	r sireet address where de	eath occurred:	Street No. 519 ROSE HILL AVE
***************************************	RIAL HOSPI		(If rural, give LOCATION)
How long in hospital o	r institution?13	HOURS	
3. (a) FULL NAM	E		3. (b) Social Security Number
	G LOUIS	HAST	NONE
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorce	
Male	White	SINGLE	
			2D. DATE OF DEATH. JANUARY 5, 19 48 - 38:
6.(b) Name of husband	or wife	one	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from
		.6.(c) If alive, give age	years for 3 1948 in fan 3
7. Birth date of	VI) JUNE	111 1970	and that I last saw h. Mann. alive on
deceased (mo., day,		Days If less than one day	Immediate cause of death.
8. AGE: Year	s Months		ago follows
68	6	21hrs.	min of ration for the
9 Birtholace	WMBERL	AND MD.,	He flandfffforalef /
10. Usual occupation.	RETU	RED.	The state of the s
	38		
11. Industry or busines		n	Oliver conditions
11. Industry or busines	IENRY HAST	2	Other conditions.
11. Industry or busines	MARYLAND		Other conditions
11. Industry or busines	MARYLAND MARY BEF	RG	(Include pregnancy within 3 months of death)
11. Industry or business 12. Name	MARYLAND	RG	(Include pregnancy within 3 months of death) Major findings of operations (and a second seco
11. Industry or busines HI 12. Name	MARYLAND MARY BEF MARYLANI	RG O	(Include pregnancy within 3 months of death) Major findings of operations (August 1997) Date of op. 1.57
11. Industry or business HE 12. Name	MARYLAND MARY BEF MARYLAND MARYLAND	RG O HOSPITAL	(Include pregnancy within 3 months of death) Major findings of operations (August 1997) Date of op. 1.57
11. Industry or business H 12. Name	MARYLAND MARY BEF MARYLAND MEMORIAL CUMBERLAND	RG OSPITAL	(Include pregnancy within 3 months of death) Major findings of operations Date of op. Actopsy results. PHYSICIAN: Please moderline the cause to which death should be charged statistic.
11. Industry or business H 12. Name	MARYLAND MARY BEF MARYLAND MEMORIAL CUMBERLAND	RG OSPITAL	(Include pregnancy within 3 months of death) Major findings of operations Date of op. Actopsy results. PHYSICIAN: Please moderline the cause to which death should be charged statistic.
11. Industry or busines H 12. Name	MARYLAND MARY BEF MARYLAND MEMORIAL F CUMBERLAND (AL n, or removal, Which?)	HOSPITAL Date fhereof JAN 7 (month) (Any) (s	(Include pregnancy within 3 months of death) Major findings of operations Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistic 22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide. Daie of
11. Industry or busines 12. Name	MARYLAND MARY BEF MARYLAND MEMORIAL MEMORIAL CUMBERLANI (AL n, or removal, Which?) MOSE	OSPITAL Date fhereof JAN 7 (month) (my) (s	(Include pregnancy within 3 months of death) Major findings of operations
11. Industry or busines 12. Name	MARYLAND MARY BEF MARYLAND MEMORIAL MEMORIAL CUMBERLANI (AL n, or removal, Which?) MOSE	OSPITAL Date fhereof JAN 7 (month) (my) (s	(Include pregnancy within 3 months of death) Major findings of operations
11. Industry or busines 12. Name	MARYLAND MARY BEF MARYLAND MEMORIAL F CUMBERLAND (AL n, or removal, Which?) MOSE UMBER	OSPITAL Date thereof JAN 7 (month) (day) (s	(Include pregnancy within 3 months of death) Major findings of operations Actopsy results. PHYSICIAN: Please moderline the cause to which death should be charged statistic 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Baie of Where did injury occur? (City or town) (County) (State Injured at home, farm, industry, public place (where?)
11. Industry or busines 12. Name	MARYLAND MARY BEF MARYLAND MEMORIAL F CUMBERLAND (AL n, or removal, Which?) MOSE UMBER	OSPITAL Date fhereof JAN 7 (month) (my) (s	(Include pregnancy within 3 months of death) Major findings of operations Actopsy results. PHYSICIAN: Please moderline the cause to which death should be charged statistic 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Baie of Where did injury occur? (City or town) (County) (State Injured at home, farm, industry, public place (where?)
11. Industry or busines 12. Name	MARYLAND MARY BEF MARYLAND MEMORIAL F CUMBERLAND (AL n, or removal, Which?) MOSE UMBER	OSPITAL Date thereof JAN 7 (month) (day) (s	(Include pregnancy within 3 months of death) Major findings of operations Actopsy results. PHYSICIAN: Please noderline the cause to which death should be charged statistic 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State Injured at home, farm, industry, public place (where?) Means of injury injured at work?
11. Industry or busines 12. Name	MARYLAND MARY BEF MARYLAND MEMORIAL F CUMBERLAND MARYLAND MEMORIAL F CUMBERLAND MAL MORIAL F CUMBERLAND MORIAL F M	OSPITAL Date thereof JAN 7 (month) (day) (s	(Include pregnancy within 3 months of death) Major findings of operations Actopsy results. PHYSICIAN: Please moderline the cause to which death should be charged statistic 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Baie of Where did injury occur? (City or town) (County) (State Injured at home, farm, industry, public place (where?)

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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leg.	Diat.	No.			4		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infante give recidence of mother)
County or town (If outside city or town limits, write RURAL and give nearest town)	State Mayland County alle game
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
How long in above place of dearn. Hospital, Institution, or street address where death occurred:	Street No. 308 Pasa St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Henrietta & Has	3. (b) Social Security Number
4. Su 5. Color or race 6. (a) Single. married, widowed, or divorced from the Langle	MEDICAL CERTIFICATION 20. DATE OF DEATH. SAM 7 19.48, 21/0/5/A
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that trattended deceased from
7. Birth date of deceased (mo., day, yr.) Jan 8 1878	and that I last saw is alive on 197 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 4 11 24	Caronay Mismore The
9. Birthplace Osumberland In Gr. Town, county, and state)	Due to
10. Usual occupation Aseasmaleur	Due 1o
12. Name Izaderich Itash	Dther conditions
El 13. Birthplace	(Include pregnancy within 8 months of death)
15. Birthplace	Major findiess of operations
16. informant Inline 6 Hash	Autopsy results
Address bunkerland.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bale thereof	Accident, suicide, or homicide
Cemetery of crematory. She harders bem.	Where did injury occur?
Location Carry Server and	Injured at home, farm, industry, public place (where?)
18. Funeral director. Aprilo Stern Gorc	Means of Injury Injured at work?
Address Camperland	23. SIGNATURE M. D. or other
19. Jan. 3 19. 4 8, Mill Banto, M.D. Registrar	Address School estang med Date signed / 3/4 8



information carefully. The of death clearly and legibly

UNFADING INK. Supply every item of itant. Physicians: please write the causes

important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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JACOBSON

CEDTIFICATE OF DEATH

9 01.0.	ODDON	CERTIFICA	Reg. Diat. No
1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND ALLEGANY
			State County County County County County County County County or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital	or institution?7	days	2.(a) If veteran, name war
3. (a) FULL NAM HIGG	ME S, ARBELIA	MRS.	3. (b) Social Security Number
4. Sex FFMALE	5. Color or race WHITE	6.(a)Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE DE DEATH. January 10 19 48 21 2 4
o (b) Many of bushoo	nd or wife MARTI	N V. HIGGS	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day	Manah	6.(c) If alive, give age 72	and that I last saw best alive on
8. AGE: Yea 7	Months O 9 35	Days	bent my ocas deal Fallice 2 house
10. Usuat occupation	HOUSEWI	county, and atate)	But Buller Golgon 22 day
11. Industry or busing 12. Name	JAMES SCOTT PENNA		Dither conditions.
14. Maiden nam 15. Birthplace	MARGARE	et Griffith (DEEs) WVa	(Include pregnancy within 3 months of death) Major fiedings of operations. Date of op. 1744
	9	n V. Higgs a Vale, Md.	Actorsy results
(Burial, crematic	#101 /	11 Crest Burial Park	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location			tnjured at home, farm, Industry, public place (where?)
1B. Funeral director		am H. Kight berland, Md.	to the same of the
19. Pald -	/ > 19 4 8	W.R. Lautz M.	ar Address Deshary and Address Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICA	TE OF DEATH Reg. D
City or town Cumberland (if outside city or town in How long in above place of death? 5h: Hospital, institution, or street address where Allegany Hospital	Md. mits, write RURAL and give nearest town) rs. &20 minutes death occurred: 1 Cumberland Md. rs. & 20 minutes	State Md. a County 7. City or town Brunswick (If outside city or town limits, write RURAL Street No. 124—8:th. Ave.
	muel Hollar	705-0
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICA
male white	Divorced	20. DATE OF DEATHJan. 12
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that t
7. Birth date of		and that I last saw h Im. an and Jan. 12
deceased (mo., day, yr.) April 8. AGE: Years Months 55 8	Days If less than one day	Intracranial hemorrhage
10. Usual occupationB.a.&.a.OR.a.	gVa. Sounty, and state) Ry_conductor	
11. Industry or business 12. Name	llar	Other conditions near north end of a Cumberland Md. (Include pregnancy within 3 months of death Major findings of operations
16. Informant Melvin E. Ho	LLQr	
17 Burial (Burlal, cremation, or removal, Which? Cemetery or crematory Rose Hi Location Martinsburg, 18. Funeral director Louis Stei	Date thereof Lan With the life of the life	Where did injury occur? CumberlandAlle (City or town) Injured at home, farm, industry, public place (where?) high Means of injury, as above as mine injured.
Address Cumbertano	1 1 1	23. SIGNATURE H.V.Deming M.D. A

and give nearest town) ial Security Number 79- 3749 TION 19.48 ... at 5. 25 ... Am

attended deceased from 19. 4.8. DURATION

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city limits

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hway Route 40

Registrar Address Cumberland Md.

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JAN 20 1948

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1. PLACE OF DEATH:

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tB. Funerat director

MARYLAND	STATE	DEPARTMENT	OF	HEALTI
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2411 N. Charles St., Baltimore

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CERTIFICA

TE OF DEATH	Reg. Diat. No.
Street No. P. Lo . No	
2.(a) if veteran, name war	***************************************
Horton	3. (b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE OF DEATH Januar	4 10 1948 11 5 3
21. CERTIFY that death occurred on the date	abore stated; that I attended deceased from 19. 47, to January 10, 19. 48 angles 10, 19. 48
Immediate ruse of leath Cardiac fac	lun following 3 km

Immediate	rale	ac f	ailu	u x
ne	sar	sale	A20	tio
Que to	255	sele	ins	tie
-00				
Due to				

• • • • • • • • • • • • • • • • • • • •	(Include pregnancy within 3 months of death)
Major finding	baby wt 6lbs) Dale of OD //10/48
mall	babe wt 6lbs) made 1/10/48
Antoney ross	

Actopsy results										
PHYStCIAN: Pleas	e nuderline	the	cause	to	which	death	should	he	charged	statistica

22. VIOLENCE: It death w	as due to externat	causes, III	in the following;	
Accident, suicide, or homicid	le		Date of	
Where did Injury occur?	(City or tow	n)	(County)	(State)
tajured at home, farm, indus	stry, public ptace	(where?)		
Means of Injury			Injured at work?	
./.	10	01	11	

23.	SIGNATURE Hilda as	iswal	trey.	ML
	FrontHelse	mes	M. D.	or other

-13-1948 Date thereof. (month) (day) (year) (Date rec'd by registrar) Registrar Address Av 21000

How long in above place of death?.......... Hospital, institution, or street address where death occurred: How tong in hospital or institution?.. 3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 6.(c) if alive, give age. 7. Birth date of deceased (mo., day, yr.) Months If tess than one day 8. AGE: Years Days 9. Birlhplace (Town, county, and state 1D. Usuat occupation. 11. Industry or business 12. Name 13. Birthplace 14. Malden na 15. Birthplace 14. Malden name

itside eity or town limit, write RURAL and give nearest town)



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Dr. Hunter

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			1
Reg.	Dist.	No.	2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	State Md County Flagan City or town Flands C (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.			
3.(a) FULL NAME Sadie "Sommerville" I.	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH			
8.(b) Name of husband or wife #15erf Imes 8.(c) If alive, give age years 7. Birth date of deceaed (mo., day, yr.) October 11, 1874	21. I CERTIFY that death occurred on the date above stated; that Lattended deceeeed from 19. 4 . 10. 2 . 2 . 19. 4 8 and that I tast saw h. A. alive on D. C. 2 . 19. 4 8			
8. AGE: Years Months Days If less than one day	Immedia cause of deaths. DURATION DURATION			
9. Birthplace Raines burg Par (Town, mint), and state) 10. Usual occupation Housewite 11. Industry or business Own home	Due to			
12. Name	Other conditions			
16. Informant Mars Gall Imes Address Flintstone, Md.	Autopsy results			
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Glendale Cemetery	22. VIOLENCE: If death was due fo exfernal causes, fill in the following; Accident, suicide, or homicide			
18. Funeral director for his April 2009.	Meene of Injury Injured af work?			
18 Jan 19 48 Nines R. Benders. Registrar	23. SIGNATURE TO M. D. or other M. D. or other Address Cumber Land Med Date eigned 1.3.44			



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.	Diat. 1	No.,		7

CLRTHICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	State West Virginia County Mineral City or town Keyser (If outside city or town limits, write RURAL and give nearest town)
10 Pioneer Place	Sireet No
How long In hospital or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME William Mohler Jackson	3.(b) Social Security Number none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	2D. DATE DF DEATH Jan 18th. 19 48 2111.30A
6.(b) Name of husband or wife Catherine Marie Smith (died 5-29-39) 6.(e) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Feb 18th. 1865	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day	Cerobase Remaining
8. Birthplace Mineral County, W. Va. (Town, county, and state) Retired Farmer 10. Usual occupation.	Due to.
12. Name William Hanry Jackson 13. Birthplace W. Va.	Dther conditions
E 14. Malden name Susan Virginia Mohler	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Wava . Howard Jackson	Date of op.
16. Informant	Antopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 10 Pioneer Place, Cumberland, More Burial Burial Burial Burial Burial Bate thereof Jan 21, 1948 (month) (day) (year) Cemetery or crematory Cemetery or crematory	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Rural near Keyser, W.Va.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Rogers Funeral Home	Means of Injury Injured at work?
Address Keyser, W. Va.	23. SIGNATURE M. D. or other
19. Van 20 19 48 WK- frantsy Registrar Apate rec'd by registrar)	Address Date signed 1/19/48

WITH UNFADING INK. Supply every item of information carefully. The cimportant, Physicians: please write the causes of death clearly and legibly. BINDING MARGIN RESERVED FOR

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	County Hile 4974			State Md. County Allegany			
City or town	outside eity or town	limits, write l	RURAL and give nearest town)	11	/ ~ ~/		
	How long in above place of death?		City or lown Comber 49.	g s, write RURAL and give n	earest town)		
	Hospital, Institution, or street address where death occurred:		Street No. 305 Reynold				
H	legany	Hasp	ital	(If rurai, give	LOCATION)	•••••••	
How long in hospital o	r Institution?		***************************************	2.(a) It veteran, name war			
3. (a) FULL NAM	E/		,7 Tr		3. (b) Social Security	y Number	
	rati	ricia	Hun Tay		The same		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
1	12/	5	inule				
			7	20. DATE OF DEATH	1 19.48	21	
6.(b) Name of husband	or wite			21. I CERTIFY that death occurred on the date abo	ovs stated; that I attended dec	ceased from	
	1			1 / aur 9 10	6 8 10 Jane	0 1954	
T. Birth date of	- The second		c) thalive, give ageyears	and that last saw h	- 19	19.95	
deceased (mo., day,		7	1948	Immediate cause of death		DURATION	
8. AGE: Years	Months	Days	It less than one day	Edama of the	Sain	alour	
			18 hrs. 50 min.	0		20 Km	
9. Birthplace. Care	wheeland	1. Ma	· Cooper	Que to Prolong - Land &	elor	- Parket	

10. Usual occupation	Inta.	27		Due to.			
11. Industry or busines	S			Due 10	***************************************	****	
		M. Jo	y		***************************************	****	
12. Name	~ / . /		MJ	Other conditions	3	•••	
€ 13. Birthplace C	-UMBER 1	ana,	110,	(Ineiude pregnancy within 3 i	months of death)		
14. Maiden name.	dacquel	ine ly	ebster	Major fiediogs of operations		11. 13	
15. Birthplace	Sorasot	10, F/	7.	Major studiogs of operations.			
m. M.	6-01 14	Tay		Aotopsy results.			
16. Informant A.J.A.	.7.0.54.1	~		PHYSICIAN: Please underline the cause to wi			
Address 305	Raynolds	St., Cur	nberland, Md.	22. VIOLENCE: It death was due to external cau			
11 Buria (Burial, cremation	/-	Date thei	eof Tan. 11, 1948 (month) (day) (year)	Accident, suicide, or homicide			
			1 - /				
Cemetery or cremato	bry Fair Vie	w Chri	stian Cometery	Where did injury occur?(City or town)	(County)	(State)	
Location M.e.a.	r Hete	MAS	Par	Injured at home, farm, industry, public place (w			
	111	1 11	1	Mesns of Injury	Injured at work?		
18. Funeral director	Je get	0 /					
Address Ced	wheela	ud	rued.	- O SIGNATURA N. U. Dam	24.2		
Jan	11 . 11	8 /12	R Trait M.	23. SIGNATURE X	M.D.	. or other	
19. Aller roo'd by ro	d/		Registrar	Jum marked 1	Rate alread	1.10-48	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH	Reg. Dist. No.			
1. PLACE OF DEATH: County	Street No. 30 Orcha	County Alegan imits, write RURAL and give neorest town) A St give LOCATION)			
3.(a) FULL NAME Betly E. Keel		3. (b) Social Security Number 215-26-9306			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	20. DATE OF DEATH	CERTIFICATION / 19.48 ,al			
6,(b) Name of husband or wife 6,(c) If alive, give age yea	- Laul	e above stated; that hattended deceased from			
8. AGE: Yeare Months Days If less than one day 7 7 22 hrs. mi 9. Birthplace He less by Grand at the Company of the Company o	n. Due to	My familia 7.63			
11. Industry or business Gamment factory 12. Name Sannon P. Kell 13. Birthplace Pa.	Due to Dither conditions	in 3 months of death)			
14. Maiden name Garrie Lee 15. Birthplace Pa. 16. Informant 56 erm an P. Keel	Major findings of operations				
	Date thereof				
18. Funeral director. John James Capubuffaudt, md,	Injured at home, farm, Industry, public place Meane of Injury 23. SIGNATURE.	tnjured at work? Owns MS			
19 Class 9 19 48 W. P. Frank M. L. (Date rec'd by registrar) Registrar	M. D. or other 1				

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County allegany Current	State The d County allegany
(If outside city or town limits, write RURAL and give nearest town)	Rural new Custies and
How long in above place of death? Support Nospital, institution, or street address where start occurred:	(If outside city or town limits, write RURAL and give near) st town)
Marrows Parks, Portet	Street No. (Ifraral, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Xelly 3. (b) Social Security Number
John Osternan	2/4-07-3113
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	OMEDICAL CERTIFICATION
Male White yarried.	20. DATE OF DEATH 2 2 19 48 21 /2'00 M
6.(b) Name of husband or wife Elsine Junga	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allive, give age year	peceroles /2 107 10 January 22 19 45
7. Birth date of deceased (mo., day, yr.) Selet 16, 1882	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death war heart starten 3 treet
65 4 6mm	
8. Birthplace Shaft allegany Co Tud	· Que to Cherni enterolum 2 years
(Town, county and state)	
10. Usual occupation	Due to
11. Industry or business Claude of Our.	
12. Name Peter Kelly 13. 8irthplace Exclabort Wines Wil	Dither conditions
	(Include pregnancy within a months of reath)
14. Maiden name auro Brennan. 15. Birthplace Tut Savage Ud.	Major fiediegs of operations.
El 15. Birthplace Marage Ma.	Date of op.
16. Informant	Actorsy results
Address Kt 6 - Cumberland Mg	22. VIOLENCE: If death was due to external causes, 4117 in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or cremajory. Hillarest Cemetery	Where did Injury occur?
Location Cruberland : Tut	Injured at home, farm, Industry, public place (where?)
Dod O Stale	Msans of Injury Injured at work?
18. Funeral director	(M)
Address cumberland My.	23. SIGNATURE M. D. or other
19. Mate rec'd by registrar) 19. 48 Maulsz. Registrar	1-23-45



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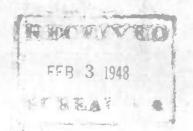
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	ΓΕ OF DEATH Reg. Diat. No		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Minnie Kieffer Kelso	Anel		
4. Sox Female 5. Color or race White 8.(a)Single, married, widowed, or divorced Widow Widow 8.(b) Name of husband or wife Scott Kelso	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. 19 4 8 at 12 2 A. M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 4 8 10 10 19 4 8		
Deceased 6.(c) it alive, give age years			
7. Birth dato of deceased (mo., day, yr.) 8. AGE: Years Months Days It loss than one day 20	Immediate cause of death Cerebral Vas enlar Accident 5 hes		
9. Birthplace House Part, other, and state) House Wife 10. Usual occupation.	Oue to		
12. Namo	Other conditions		
14. Maldon name	Major findings of operations		
15. Birthplace Penn. 16. Informant	Antopsy results		
Addross Burial 17. Burial cremation, or removal. Which?) Cemetery Addross Feb. 2, 1948 (month) (day) (year)	22. VIOLENCE: If doath was due to external causes, fill in the following; Accident, suicide, or homicide		
Cometory of tremstory LUL Cemetery Cumberland, Md.	Injured at home, farm, industry, public place (where?)		
18. Funoral director John & Wolford Addross Cinterstand met	Maans of Injury Injured at work? Injured at work? 23. SIGNATURE		
19. (Date rec'd by registrar) Registrar	Address 1/0 S. Cerefre (St) Dato signod 1-37-48		



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USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

(If outside city or town limits, write RURAL and give nearest town)

Reg. Diat. No ...

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CERTIFICAT	E OF DEATH
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother State
1. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced Demale White Married Flancis	20. DATE OF DEATH PARLACES 21. 1 CERTIFY that seath occurred on the date above state
8. (b) Name of husband or wife	and that I last saw h. S.F. alive on
9. Birthplace Buttleth Albertality Mary Court 10. Usual occupation Doneste 11. Industry or business Peters Lowe	Myocardial Degenerations Spacified as they
12. Name Darlo Bradling 13. Birthplace Barton, Will 14. Maiden name Marche Me Lingson 15. Birthplace Barton, Margland.	Diher conditions CARAN THEF. Nephration The Carana Major fieldings of operations. Major fieldings of operations.
16. Informant Mark Market Mark	Autopsy resolts
Location Thorse on The State of	injured at home, tarm, industry, public place (where?) Means of injury 23. SIGNATURE
(Date rec'd by registrar) Registrar	Address

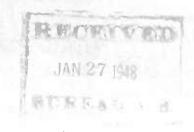
2.(a) If veteran, name war	
yle	3. (b) Social Security Number
20. DATE OF DEATH LAMICA	al certification us 1948 at 11/15
21. I CERTIFY that leath occurred on th	e date above stated: that I attended deceased from
Immediate cause of death	Edoma Duration
specified s	generation Not phermatic 1 Yes
other conditions CARANA Velant Tis	
Major fiodiogs of operations	Bate of op
22. VIOLENCE: It death was due to e	xternal causes, till in the tollowing: None
Where did injury occur?(City injured at home, tarm, industry, public	
Means of Injury	tnjured at work?



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

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CERTIFICATE	OF DEATH	

of			2411 N. Ch	DEPARTMENT OF HEALTH arles St., Baltimore	7 Pos	00052
How long in above place of Hospital, institution, or st 	Cumberla: tside city or town in t death? 79 treet address where Rt 3, 5	mits, write R Yrs 1 death occurred	any URAL and give nearest town) 0 Mo 25 Days ad Bottle Rus	2. USUAL RESIDENCE (HON (For newborn infants give residence) State. Mary land City or town (If outside city or town) Street No. Rt. 3.a. (If ruit 2.(a) If veteran, name war.	County Al	Legany
3. (a) FULL NAME			*		3. (b) S	ocial Security Number
4. Sex	5. Color or race	tha A.	Leasure	MEDICAL CERTIFICATION		
Female	White		Single	2D. DATE OF DEATHJanuar		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years			2) If alive, give ageye 3 1868 If less than one day	and they't last saw her affive on	19, to	
		House	legany Co, Md.		Jams	They
10. Usual occupation 11. Industry or business	**************************	11		Due to		********
				Dther conditions		
13. Birthplace Rt	William Leasure 13. Birthplace Rt 3, Cumberland, Md.				vithin 3 months of de	a th
置 14. Maiden name	14. Maiden name			Major findings of uperations		
Sarah Mauk 14. Maiden name Sarah Mauk 15. Birthplace Centerville, Pa. Charles E. Drake				major nadiags ut uperations.		
Charles E. Drake Address Rt 3, Cumberland, Md.				PHYSICIAN: Ptease underline the cau	se to which death sh	ould he charged statistics
17. Burial Date thereof January 21/48 (Burial, cremation, or removal. Which?)			22. VIOLENCE: If death was due to ext		Date of	
Cemetery or crematory Centenary Cemetery					County) (State)	
Location Rt 3, Cumberland, Md.			Means of injury	// .	ured at *prk?	
18. Funeral director William H. Kight Cumberland, Md.			h-/	10	00.	
19 Address 2	0 19 48	. /	R. Tracty, M.	23. SIGNATURE	nst	M. D. or other



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Omber land Date signed Jan 164

CERTIFICAT	TE OF DEATH			
1. PLACE OF DEATH: County ALEEGANCY City or town. CIT outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, Institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 42 DAYS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
3. (a) FULL NAME	3. (b) Social Security Number			
ILEWELLYN WYNDOM MR 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 15. 19. 48. 21. 15. 15. 15. 15. 15. 15. 15. 15. 15. 1			
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I arounded deceased from 19.4			
12. Name LLEWELLYN JOHN 13. Birthplace ENGLAND 14. Maiden name HAINES MARY 15. Birthplace ENGLAND 16. Informant Municipal Market	Other conditions			
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			

M. S. Registrar

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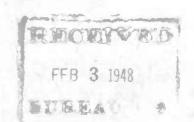
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Diat. No 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 2.(a) if veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from deceased (mo., day, yr.) DURATION it less than one day 8. AGE: (Include pregnancy within 3 months of death) Major findings of operations..... .Date of op. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?)



2411 N. Charles St., Baltimore

DEATH

CERTIFICAT	L OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 8.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DE DEATH January 23 19 48 212:00p
8. (b) Name of husband or wife. Willis B. McCombs 6. (c) Hallve, give age 58 years 7. Birth date of deceased (mo., day, yr.) January 18 1890 8. AGE: Years Months Days If less than one day 58 0 5	21. I CERTIFY that death occurred oo the date above stated: that retended deceased from 2 2 19.48 and that I last saw h. 92 alive on 2 3 19.48 Immediate cause of death. OURATION 2 hours
9. Birthplace Elk Garden, Mineral, W. Va. (Town, county, and state) housewife 10. Usual occupation. Own home	Due to Hypertenne on divasurlar 6 yes
12. Name Daniel Moran 13. Birthplace 14. Malden name Lucy Hershberger 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mr Willis B. McCombs Address Luke, Maryland	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Philos Cemetery Westernport, Maryland	Accident, suicide, or homicide
18. Funeral director Ellsworth S. Boal	Means of Injury Injured at work?
Address Westernport, Maryland	23. SIGNATURE. 200 Description of D. or other
19 (Date rec'd by registrar) 19 48 Cannakor MP	

MEDICAL CERTIFICAT	TION
20. DATE DE DEATH January 23	19 48 .12:00p
21. I CERTIFY that death occurred oo the date above stated; that I am Z 2 18 44.7 to and that I last saw hsawalive on	attended deceased from
and that I last saw h alive on	23 19 48
Immediate cause of death. General age	OURATION 2 hours
Due to Hypertenane cas div	aserbas
Olas Ibara	
Bue 10	
Dither conditions	
(Include pregnancy within 3 months of death)	
Major findiass of operations.	
Date	of op
Autopsy results	be charsed statistically.
22. VIOLENCE: If death was due to external causes, fill in the fol	iowing;
Accident, suicide, or homicide	Date of
Whers did injury occur?(City or town) (Cou	nty) (State)
Injured at home, farm, industry, public place (where?)	***************************************
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother) Slate
How long In hospital or Institution?	
3. (a) FULL NAME avenue M. Mc A. 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
2 w married	20. DATE OF DEATH 1200 120 19.4 8 21 M
6.(6) Name of husband or wife W. M.	21. I CERTIFY the beath occurred on the data bove stated: that I attended deceased from 19.45, to 12.219.45. and that I last saw h
7. Birth date of deceased (mo., day, yr.) Luly 28 - 1884	
8. AGE: Years Months Days If less than one day 3 5 25	Due 10. The Court of
	Due to
11. Industry or business 12. Name 13. Birthplace	Other conditions 2 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
14. Maiden name Jahran Jahran Jahran 15. Birthplace	Major fiadiags of operations
16. Informant W. Sh. Mc Kelengie	Actopsy resolts
17. Burial, cremation, or removal, Which? Oate Wereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	1.9
1. 1-25 1.48 Mes Lavey NRue	23. SIGNATURE M. D. or offer Address Church Led Date signed Man 23
(Date rec'd by registrer) Registrar	Address Date signed



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DR. C. L. OWENS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED: f mother)
OI	TRANSPORT A SITE			State MARYLAND Co	ALLEGANY
(11)	outside city or town if		URAL and give nearest town)	CIIMPEDI AND	
How long in above place	e ot death?6	200	743	(If outside city or town limi	its, write RURAL and give nesrest town)
	street address where			Street No. QUEEN CITY	Y HOTEL
			A 24727	(If rural, giv	ve LOCATION)
How long in hospital o	r Institution?	RS4	O MIN	2.(a) If veteran, name war	
3. (a) FULL NAM	E	Ann			3. (b) Social Security Number
	PATRICIA	MERC	HANT		Hore
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION
F	W		S	TAN TO	19 48 at 10:40 F
6.(6) Name of husband	or wife			21. I CERTIFY that death occurred on the date at	bove stated; that Tailended deceased from
		6.(4	c) It alive, give ageyears		
7. Birth date of deceased (mo., day.			6, 1946	and that I last saw nalive on	Jun 10- 1948
8. AGE: Year		Days	If less than one day	Immediate cause of death	OURATION
1	2 /	14		111/11/11/11/11	la stanta
	11				1 days
9. Birthplace Clay	eland, OHIO	county, and	state)	Due to	0.1116
10. Usual occupation.	- 1	/			
		*********	***************************************	Due to	
1t. Industry or busines				Ale byo	Cation 20
12. Name IAWRENCE MERCHANT 13. Birthplace Tax ORTHA Mobile, Ala.			ANT	Dither conditions	They
T. IDOILLEDA			ile, Hlai	(McJude pregnancy within S	3 months of death)
14. Maiden name			ER	Major fiediogs of eperations	
14. Malden name	PENNSY			Major nodiogs of eperations.	
			TAL	PHYSICIAN: Please underline the caose to	which death should be charged statistically.
Address C1	UMBERLANI	MAR.	YLAND	22. VIOLENCE: If death was due to external c	
Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)			od Hanuary 13, 1948	Accident, suicide, or homicide	
			11 1		
	1 1/2		Corbolie Cometery	Where did injury occur?(City or town	
Location L	'ndber, T	Pa		Injured at home, tarm, industry, public place ((where?)
16. Funeral director	It.	1.14	Lu	Meane of Injury	Injured at work?
10	110 01		4.11	1 9 N	
Address (apperlat	1,1	md,	23. SIGNATURE & C	M. D. or other
19 Joen	121948	ler	K trauts M.L	- P. Jakan	
19. (Date rec'd by r	egistrsr)		Registrar	Address.	Date signed 1-11-48

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1. PLACE OF DEATH:

3. (a) FULL NAME

4. Sex

Male

7. Birth date of

8. AGE:

10. Usual occupation.

11. Industry or business

14. Maiden nat 15. Birthplace

18. Funeral director

How long in hospital or institution?.....

Allegany

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

do pilo Reg. Dist. No.

CERTIFICATE OF DEATH

Allegany y or town Eckhart (If outside city or town limits, write RURAL and give nearest town) w long in above place of death? spital, institution, or street address where death occurred:	(For newborn infants give residence of mother) State Maryland Couoly Allegany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
(a) FULL NAME WILLIAM HENRY MICHAELS	3. (b) Social Security Number hone
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Widowed	MEDICAL CERTIFICATION 7. 20. DATE OF DEATH. CANADA 29 19 48 21 /0/30 10
(b) Name of husband or wife Anna E. Parker Michaels 8.(c) If alive, give age years Birth date of deceased (mo., day, yr.) September 2, 1856	21. I CERTIFY that death occurred on the date above styled: that I attended deceased from 19. 49. and that I last saw h. M. alive on January 29. Immediate cause of death. DURATION
AGE: Years Months Days If less than one day 27hrsmin.	Cardia- Wasular renal disisse
Birthplace Mt. Savage, Allegany, Maryland (Town, county, and state) retired . Usual occupation farmer Industry or business farmer 12. Name Harmon Michaels, t3. Birthplace Germany 14. Maiden name Cathern Herman	Due to
15. Birthplace Germany	
Address Frostburg, Md. Burial Date thereof Jan. 31, 1948 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory St. Peter & Paul Cemetery, Coumberland, Md. Cumberland, Md. J. R. Durst, Address Frostburg, Md. Address Frostburg, Md. (Date ree'd by registrar)	Autopsy resolts PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



information carefully. The co

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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		7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For ewborn infants give residence of mother)	
County Management	Charles 1 100 mg	
Cily or fown	State	
How long in above place of death?	Cily or town	it town)
Hospital, institution, or street address there death occurred.	Street No. 527 Willey St.	
577 Willey Sh	(If rural give LOCATION)	
How long In hospital or institution?	2.(a) if veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Nu	mber
Clanio melissa	miller Ime.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	=
Jemsle White Widowed	20. DATE OF DEATH Jan 24 1948, a	10=9
6.(b) Name of husband or wife John J4 Omilles	21. I CERTIFY that death occurred on the date above stated; that affended decease	
6.(c) If alive, give ageyears	19.36 to flat 7.4	19.4
7. Birth date of A	and that I last saw h 22 alive on	19 4. Q
deceased (mo., day, yr.) Prov. 30, 1868	Immediate cause of death.	DURATION
o. AGE:	Cerebral accident	3 hrs
79 019min.	g g g	
9. Birthplace	Due to Cerebral antroio 3 cleroms	2923.
Man at it.		
10. Usual occupation	Due fo	
11. Industry or business		
12. Hame Ele Hartsock	Dther conditions	
12. Name Eli Hartsous and.	(Include pregnancy within 3 months of death)	4
E Unh	(Include pregnancy within 8 months of death)	
14. Malden name. UNAMONIA. 15. Birthplace	Major findings of operations	
≥ 15. Birthplace	Date of op	
16. Informant Walter V. Miller	Autopsy results	
0. 1.1.1	PHYSICIAN: Please underline the cause to which death should be charged sta	tistically.
Address Commercials	22. VIOLENCE: If death was due fo external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	,
Rue 1400 level	Where did injury occur?(City or town) (County) (
Cemetery or crematory		State)
Location Compression Ind.	Injured at home, farm, Industry, public place (where?)	_
18. Funeral director denis Attinio One	Msans of injury Injured at work?	-
	(14) 1/Q. M.Z.	8
Address Commercial to the A	23. SIGNATURE M. Lyun T. Thurs M. D. or	other
19 844 26 1948 W.R. Traus M.D.	110 5 Central SH	26-48
(Date rec'd by registrar) Registrar	Address 160 d. Curre of Date signed.	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County	State 2 County Allers
(If outside city or town innts, write RURAL and give nearest town)	17 1
How long in above place of death? 3 4000.	(If outside city or town limits, write RURAL and give nearest (wm)
all wary Daystal	Street No. (If rufal, sive LOCATION)
How long In hospital of Institution? 3 Loans	2.(a) If veteran, name war
3. (a) FULL HAME	3. (b) Social Security Number
Comma Vincent	Genoban More
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowed	20. DATE OF DEATH Jan. 15 19 48 at 1:15Q. M
6, (b) Name of husband or wife Patrick Monahan	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
β.(c) If alive, give ageyears	1/9 19.48 to 1/15 19.48
1. Birth date of deceased (mo., day, yr.) Less. 17-1882	and that I last saw h
8. AGE: Years Months Days It less than one day	A MARIN OF Klas A FILL BERL
65 3 28min.	
9. Birlhplace (Town, county, and atate)	Due to.
1B. Usual occupation.	Oue to
11. Industry or business	Justas Varen Et Kr.
12. Name January 13. Birthplace	Dither conditions Williams
	(Include pregnancy within 3 months of death)
14. Maiden name Dany College McCommily 15. Birthplace	Major findings of operations.
D. (X) 1. 1. 7	
16, Informant	Autopsy results
Address (17.00 Ho) Frestling My	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory for a few forces for George	Where did Injury occur?
Location I test landing , July &	Injured at home. farm, industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address Frenth, ra, my	Mi Horas H.D
Law 1/ 1/8 Mind Smit M.A	23. SIGNATURE M. D. officer //
Date rec'd by registrar)	Address 1/19/8 Date signed a lafe



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Dist. No.

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State 17d. County 17/12904 y City or town County or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death ecoured: 477 Baltimore Are. How long in hospital or institution?	Street No. 477 Baltimore Ave. (If rural, give LOCATION)
	Z.(w) It reteral, limite was
3. (a) FULL NAME Benjamin Louis More	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION
	20. DATE OF DEATH. JONESEY 1.3, 1948 21 Zi45 P.
6.(b) Name of husband or wite Sara E. Martin Moreland	(1111111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date et deceased (mo., day, yr.) November 20, 1881	and that I last sach som alive en Delata 21 18 77
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION August Destrict August
	Due to Commanda any Service
9. Sirthplace OKONOKO (Town, county, and state) 10. Usual occupation France + unex	well confirm fung fung fung;
11. Industry or business Ony business	
12. Name Christopher C. Moreland 13. Birthplace W. Va.	Dther conditions
14. Maiden name / Tacy E. Grose 15. Birthplace W. Vo.	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace W. Vo.	Date of op.
16. Informant Mrs. Sara E. Moreland	Actopsy results
Address 477 Baltimore Aven Cumberland Ma	PHYSICIAN: Please moderline the cause to which death should be charged statistically.
17 Buria Bate thereof Tonory 16, 1948 (Burial, cremation, or removal. Which?)	22, VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or hemicide
Cemetery or crematory Pase Hill Came tery	Where did Injury occur?
Location Cumber land, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. And San Alexander	Msens et injury Injured at work?
Address Coffichieffaudt Zefel.	23. SIGNATURE M. D. M. D. M. D. M. D. M. D.
Date rec'd by registrar)	Address 50 Pershapell Bate signed / 14/4



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WITH UNFADING INK. Supply every item of information carefully. The corrected important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE	OF	DEATH	

00002 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Md. County Allegany		
City or town. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)			
How long In above piace of death?	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	street No. 26 Orchard St.		
26 Orchard St.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME .	3. (b) Social Security Number		
Perry James Moreland	705-07-6675		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about		
male white single	20. DATE OF DEATH Jan. 4 19. 48. 21. 7. 40 A. M		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above states; that I attended deceased from		
7. Birth date of 7. Bir	and that I last saw h im allowed Jan 4 18.48		
7. Birth date of deceased (mo., day, yr.) Dec. 11-1886			
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Pulmonary embolism at once		
6,1 0 23hrsmin.	Pulmonary emborism & t once		
9. Birthplace Levels W. Va. (Town, county, and state)	Due to.		
10. Usual occupationTrackman, B&O.R.Ry	Due to.		
	Due to		
11. Industry or business	Other conditions. Bronchial asthma several		
12. Name Francis Moreland 13. Birthpiace W. Va.			
₹ 13. Birthplace W. Va.	(Include pregnancy within 3 months of death)		
14. Maiden name Elizabeth Ullum	Major findings of operations		
14. Maiden name Elizabeth Ullum 15. Birthplace W. Va. Mrs. Grace White	Major madogs of operations		
16. Informant Mrs. Grace White	Autopsy results.		
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 26 Orchard St. Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Date thereof Jan. 7, 1948 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)			
Cemetery or crematory Rose Hill	Where did injury occur?		
Location Cumberland, Md.	Injured at home, farm, Industry, public place (where?)		
16. Funeral director Charles L. George	Means of Injury Medical Examiner injured at works legany Oc.		
Address Cumberland, Md.	II II Danisa II D AS 1/2) coming 240.5		
	23. SIGNATUREH V. Deming M.D. H. V. Deming M.D. M. Oother		
19. Last 7 19 48 W. Tranky M. Date rec'd by registrar Registrar	Address Cumberland Md. Date signed 1-4-48		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County	City or town Cumberland (If outside city or town limi	of mother) county Allegany
3.(a) FULL NAME Harry T. Neff		3. (b) Social Security Number 705-09-996/
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION /
male white married	20, DATE DE DEATH Jan. 7	19 48 all a 35Pm
6.(b) Name of husband or wife Envira May Lowery Neff	21. I CERTIFY that death occurred on the date a	above stated; that I attended deceased from \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
7. Birth date of deceased (mo., day, yr.) March 4 1885 8. AGE: Years Months Days If less than one day hrs.	and that I last saw h.im.allvDead Immediate cause of death	Jan. 8
9. BirthplaceSpringfieldWVa	Due to Hypertrophy of	the heart several
10. Usual occupationlaborer	Due to	3.332
12. Name Le Suff Ond.	Dther conditions	7 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19
14. Maiden name Reference Earson	(Include pregnancy within	
16. Informant Ins 7 tarry 7 Sreff	Antopsy results	
Address 17. Branch Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external c Accident, suicide, or homicide	Date of
Commetery or crematory Musical Olivania	Where did Injury occur?(City or town tnjured at home, farm, Industry, public place	
18. Funeral director Armis Stain 9ac	Means of Injury Medical Ext	aminolajured at work? logany Oo.
Address Compterland	23. SIGNATUREH. V. Deming	M, D. Startler
Date rec'd by registrar)	rar Address Cumber Land Md.	Date signed 1.8.48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

			CERTIFICA	IE OF DEATH	Reg. Dist. No	7
1. PLACE OF DEAT		Allega	uny	2. USUAL RESIDENCE (HOME (For newborn infants give residence	c) OF DECEASED:	
County	Camber	land	***************************************	State Maryland	County Allegany	
City or town	ide eitu on town lir	nite write	RURAL and give nearest town)	City or town Camber (If outside city or town I	and Lite	0
How long in above place of	inde city of cown in	40 Y	ears	City or town.	imita write RURAL Addrive	nearest town)
How long in above place of	death?	looth secure	u4.	Bowl in a	Grann DL #	G.
Hospital, motification, or our	gany Hos		su.	Street No. Bowling	Green /O/.	
WITE			***************************************	(If rural,	give LOCATION)	
How long in hospital or in:	stitution?	13 Da	<u>ys</u>	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Securi	ty Number
(/	200		**		None	
			Norris			
4. Sex 5	. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White		Married	τ		
T. CHOTTE	HILLOG	<u> </u>	-411160	20. DATE OF DEATH. Januar;	y1948	at 4-04. A.
6.(b) Name of husband or	Rohe	rt Nor	rrig	21. I CESTIFY that death occurred on the dat	e above stated; that jattended d	eceased from
6.(b) Name of husband or	wite	A	.h.#			
	******	6.	(c) If alive, give age 59 years	and that last saw h & slive as	0 (.	3 6
1. Birth date of	T- 7		1889	and that I last saw halive on	3	197
deceased (mo., day, yr.)				Immediate cause of death		DURATION
8. AGE: Years	Months	Days	tt less than one day	condian to	- lue	1don
58	5	13	hrs. min.			
1D. Usuat occupation		HATTE	ny Co, Maryland state) e	Due to paralytic to	leus	1-2-81
11. industry or business	Mhama	s Rus	2011			******
里 12. Name		*************	***************************************	Diher conditions		
12, Name	Lone	conin	g, Md.			
14. Maiden name	Marga	ret M	ilbourne	(Include pregnancy with	in 3 months of death)	•
E 14. maiden name				Major findings of operations.		, 0. 66
₹ 15. Birthplace	Lor	naconi	ng, Md.	***************************************	Date of op	W2-48
	Robert F	Norm	is,	Autopsy results		
				PHYSICIAN: Please underline the cause	to which death should be charg	ged statistically.
Address Rt 6	Bowling	g Gree	m, Cumberland, Wd.			
				22. VIOLENCE: If death was due to extern		
Buria (Burial, cremation, o	A Which?	Date the	erect Jan 12/48 (month) (day) (year)	Accident, suicide, or homicide	Date of	,
(Burial, cremation, o	H411		Burial Park			
Cemetery or crematory.				Where did injury occur?(City or to	wn) (County)	(State)
Location	Cumb	perlan	d. Md.	Injured at home, farm, Industry, public place	e (where?)	
				Meens of Injury	injured at work?	
18. Funeral director	Wi	lliam	H. Kight	Miscus of minit	minion of north	1
IN THREE BUCCION			berland, Md.	1	101 1	2011)
Address		oun	nerrand and	23. SIGNATURE.	Muy 9	7_1
(10. 10	,,,0	. /	a to O trut	Z3. POINTATURE	л О м.	D. or other
19 (Date rec'd by regis	19.7.0.	/.	Registral	Address SQ men	Ol Date sign	led / _ / 0 \

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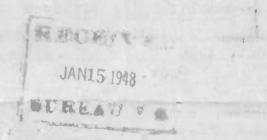
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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,	Reg.	Dist.	No	V

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
1.000.00.00.00.00.00.00.00.00.00.00.00.0	State W. Va. County Mineral		
City or tows University or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town		
Hospital, institution, or street address where death occurred:	Streel No.		
	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) If veleran, name warNO		
3. (a) FULL NAME	3. (b) Social Security Number		
Charles Newton Parrish			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH January // 1978 21/:05 P. M		
6.(b) Name of husband or wife Minnie May Spencer			
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Security 17, 19 47, 10 Security 17, 19 47.		
Oct, 1946	and that I last saw him alive on December 17 19#7		
7. Birth date of deceased (mo., day, yr.) Nov. 15, 1865	Immediaja cause of doath OURATION		
8. AGE: Years Months Days If less than one day	Cerebral Hemorrhage 24 days		
82 1 26hrsmln.			
9. Birthplace New Creek Mineral Co. W. Va.	Due to artirio selerasis 5 years +		
10. Usual occupation Caronicer			
11. Industry or business Carpenter	Due to		
E 12 Name Peter Parrish	Other conditions		
	Uther conditions		
13. Birthplace V8.	(Include pregnancy within 8 months of death)		
14. Maiden name Susan	Major findings of operations		
15. Birthplace Va.	Bate of op.		
16 Informant Kermit A. Parrish	Aptopsy respits		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 97 Davis St. Keyser, W. Va.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Date thereof Jan. 14, 1948 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)			
Cemetery or crematory Family Cemetery	Where did Injury occur? (City or town) (County) (State)		
Location Near New Creek	Injured at home, farm, Industry, public place (where?)		
18. Funeral director N. Howard Rogers	Means of Injury Injured at work?		
Address 85 S. Main St. Keyser, W.Va.	1 0 Flinds		
Address CO, D. Marin Do. 110,000 110,000	23. SIGNATURE This a thick, m.D.		
19. (Date Fee'd by registrar) 19. (Date Fee'd by registrar) 19. (Date Fee'd by registrar)	Address / lesser 4/4. Date signed 1/12/48		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/	Reg. Dist. No
County or town (1f outside city or town limits, write RURAL and give nearest to	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	City or town (If outside city or town timits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospitat or institution?	
3. (a) FULL NAME MARK Blanch	Pasel 3. (b) Social Security Number
4. Sex 5. Color or race (%) Single, married, widowed, or divorce	MEDICAL CERTIFICATION 20, DATE OF DEATH. San 16 19 46 21 9
6,(b) Name of husband or wife	21. I CERTIFY make at the occurred on the date above stated: that Lastended deceases from
7. Birth date of deceased (mo., day, yr.) aug. 31, 1876	and that I last saw h. At alive on
8. AGE: Years Months Days If less than one dayhrs.	min. It duary declusion
9. Birthplace (M. M. Clayn, county, and state)	Due to estavay selles
10. Usual occupation	Due to
12. Name 12. Name 13. Birthplace 12. Name 13. Birthplace	Dther conditions
# 11 mares Anus DA	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations
16. Informant	Autopsy results
Address Glinkyeland Ma.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Bate thereof (month) (day)	year) Accident, suicide, or homicide
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	LAD. Bell CAD.
Address Cumberland	23. SIGNATURE
19 AM 19 T WAN (MAN)	Registrar Address La Bell Wol . Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No...

County	Alle	gany		2. USUAL RESIDENCE (HOIME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany	н	
(If	outside city or town li	mits, write R	URAL and give nearest town)	City or town Westernport (If outside city or town limits, write RURAL and give nearest town)		
How tong in above place Hospital, Institution, or	e ot death?r street address where	death occurred		(If outside city or town limits, write RURAL and give nearest town) Sireet No		
How long in hospitat o	r Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM		~	y Pendergast	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Si	ngle	20. DATE OF DEATH January 3 19 48 at 7:50 ft	. M	
7. Birth date of deceased (mo., day. 8. AGE: Year	yr.) Ja 's Months	nuary Days	1 ff alive, give age	21 CERTLY that death secured on the date above stated; that attended agreesed from 19 10 11 11 11 11 11 11 11 11	2	
10. Usual occupation.	\$\$		·····	Due to.	*****	
13. Birthplace	Zosepa We Elaine	st Vi:	ergast rginia er	Diher conditions		
14. Maiden name 15. Birthplace 16. Intermant	Joseph O	aryla	nd			
Address 17. Burial (Burial, cremation	n, or removal. Which?		Jan. 3. 1 48 (month) (day) (year)	22. VIOLENCE: todath was due to externat causes, fill in the tollowing; Accident, suicide, or homicide		
				Where did injury occur?		
			Md.	Injured at home, farm, Industry, public place (where?) Means of tnjury Injured at work?		
	C. Nau Ledmont,		udlosh fr.	-ACOUPA & MAS		
19 Date rec'd by r	3 1948 egistrar)	•	Registrar	Address		



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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		Reg. Dist. No
1. PLACE-OF DEATH:	2. USUAL RESI	DENCE (HOME) OF DECEASED:
County allegany	(For newhorn	infants give residence of mother)
Bity or town 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RAL and give nearest town)	Q: D County Alege
	Pitu on town	2. lelman
How long icooverplace of death?	-3	perside city or town limits, write RURAL and give nearest town
	Street No	Lo 2 13 0 100 Jas
How long In hospital or Institution?		(If reral, give LOCATION)
	Z.(w) It veterall, liam	
3. (a) FULL NAME		3. (b) Social Security Number
Justus	Stace	none.
4. Sex S. Color or race S.(a) Single,	married, widowed, or divorced	MEDICAL CERTIFICATION
21/10/1/20	20. DATE OF BEATH	1/24 1048 11.
mare muse of		
6.(b) Name of husband or wife	Strange Gaca 21. I CERTIFY that d	eath occurred on the date above stated; that I attended deceased from
5 (4)	If alive, give age 6 8 years 5/29	1947 10 11/28
7. Birth date of	- 1 61 7 and that I last saw h	MA allve on 11/28/47
deceased (mo., day, yr.)	- / B 6 / Immediate cause of	deathDUR
8. AGE: Years Month Days	It less than one day	ed toxemia + Toxis myocurdity 1.
80 2 9	hrs. min.	
to chile of 1	12 2 V s made Class	te Respirator injection
9. Birthpiace (Town, gunty, and gra	te) plo 1 /Ca tue	
10. Usuat occupation	Stalle Boss	i utuovii lu
6 6	Doe to Gel	revalined arteriosclerosis
tt. industry or business	your .	
H 12. Name Couracle	Bther conditions U.	ost op ystolony for
X 13. Birthplace	see benign	hypertristy of bladdler 6 n
M Maidea same	13 Att	clude Wegnancy Within/3 months of death)
H 14. Maiden name	Major fiediegs of or	perations
El 15. Birthpiace	april-	Oate of op.
16. Informant As Louisell	Actopsy results	
7.4.1	PHYSICIAN: Please	onderline the caose to which death should be charged statistically
Address / The Survey	22. VIOLENCE: If	leath was due to external causes, fill in the following:
17. Busing Date thereof	(month) (day) (year) Accident, sulcide, or	homlcide Bate of
(Burial, cremation, of pomoval, Which?)	(month) (day)	
Cemetery or crematory		(City or town) (County) (State)
Location So Shuent	Injured at home, farr	n, Industry, public place (where?)
	Means of Injury	Injured at work?
tB. Funeral director		
Address, Trolling.	man C	Land To do not no
1 23 46	23. SIGNATURE	M. D. or other

FOR BINDING RESERVED MARGIN

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Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED: IDIA. 1. PLACE OF (For newborn infants give residence of mother) ion carefully. (If outside city or town limits, write RUR) How long in above place of death?.. Hospital, Institution, or street address where death o (If rural give LOCATION) information of death cle 2.(a) If veteran, name war How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDIN 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause uf death If less than one day Months 8. AGE: RESERVED MARGIN 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations PLAINLY, is especially PHYSICIAN: Please underline the kause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof..... Accident, suicide, or homicide. Where did Injury occur? ... 国 (State) (County) (City or town) WRITI Injured at home, farm, Industry, public place (where?) Injured af work? Means of Injury ASE" Address 23. SIGNATURE M. D. or other Registrar (Date rec'd by registrar)



PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

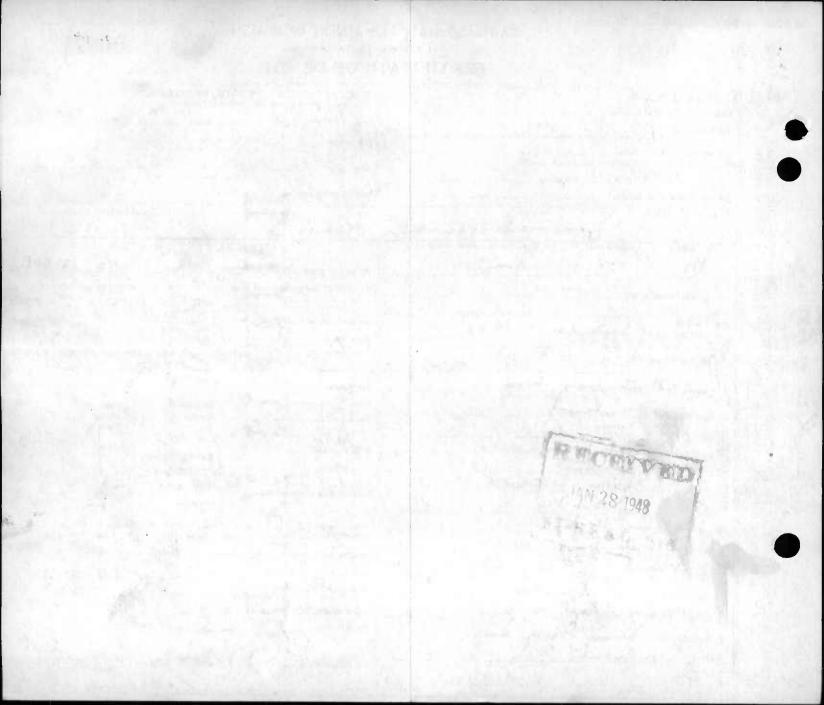
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	Diat.		0
leg.	Dist.	No.	 7

CERTIFICAL	Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State City or town (If outside city or town limits, when DURAL and give nearest toph)
Hospital, institution, or street address where death occurred: The street address where death occurred: How long in hospital or Inslitution? How long in hospital or Inslitution?	Street No. # S
3. (a) FULL NAME Masy Come Brase	3. (b) Social Security Number
4. Sex 5. Copr or race 8. (a) Single, married, widowed, or diverced Fernale Polite Manne	MEDICAL CERTIFICATION 20. Date of Death 1/26 1948 12:30 Pm
6.(b) Name of husband or wife destination of the first state of the fi	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.8 and that I last saw h 8.1. allye on 1-25-48 19. 48
8. AGE: Years Months Days If less than one day 14 8 0	Immediai pause of death Mys cardial description 6 yrs E acute insufficiency 4 8 hrs
9. Birthpiace (Town, county, and state) 1D. Usual occupation (Town, county, and state)	Queralized arterios clerorios Bue 10.
11. Industry or business 12. Name 13. Birthptace	Dther conditions
HE HE 14. Maiden name Uniform 15. 8irthplace Uniform 15. 8irthplace	(Include pregnancy within 3 months of death) Major fiedings of operations
Address 48 My Could by Follows	Actopsy resolts
17. Burial (Burial, cremation, or removal Which?) Cemetery or crematory (A. C.	22. VIOLENCE: tf death was due to external causes, till in the following: Accident, suicide, or homicide
Location La School Day of Jack	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Address Address AR	23. SIGNATURE Grank T. Hand M. D. or other
19. — A	Addres 59 & Main St., Instang Date signed 1/27/48



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1. PLACE OF DEATH

How long in hospital or Institution?

3. (a) FULL NAME

deceased (mo., day, yr.)

4. Sex

Hospital, institution, or street autoress where death occ

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

E OF DEATH	Reg. Dist. No.
Street No.	
	3. (b) Social Security Number 164-10-3/16
20. DATE DF DEATH	above stated: that I attended deceased from
Immediate cause uf death	DURATION
Jue to. Alleno	Jeon:
Other conditions	1.3 months of death)

61	7	16	hrs.	min.
Birthplace In	arv	MANAL and at	a alle	Jany Co,
. Usual occupation	ilk	Dil	e arofi	Ster
. Industry or business	engli	rak	Lexti	le Mile
12. Name. 10.3.e	John!	Robe	stron	
13. Birthplace	raco	nev	ig mo	1
14. Maiden name	roses	ax	orns	50
15. Birthplace	orra	cone	ng &	nd.
i. Informant Miss	Davi	d Ro	Westso	n/
Address Lina	con	ing	Most	
Bural		Bate there	of Jan	25,194
(Burial, cremation, or rem	oval, Which	2/1/	(month)	day) (year)
Cemetery or crematory		fort wheelers	On A	
Location Control	aco	nesse	An HILL	
3. Funeral director	201	CHILL	rom	<i></i>
Address	mas	con	ing;	Did_
In Is	19.4.8	Jan	nette m	Goal
(Date rec'd by registrar)				registrat

22. VIOLENCE: if death was due to external causes, fill in the following:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

injured at home, farm, Industry, public place (where?)

Major fiedings of operations.....

Means of injury injured at work?

23. SIGNATURE Taul Eugene Tryo M. C. M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DURATION

		CERTIFICA	ATE OF DEATH	Reg. Dist. No.
How long in above pix Hospital, institution, 602 Gre	Cumberlan Cumberlan If outside city or town lix ace of death? or street address where deene St.,	DV d , aits, write RURAL and give nearest town) eath occurred:	2. USUAL RESIDENCE (HOME) (For newborn infanta give residence of the state of the s	of mother) County Allegany its, write RURAL and give nearest town) St.,
J. (a) PULL NA		KIMBALL ROSAMOND		705-05-4655
4. Sex	5. Color or race	8,(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Male	White	Married	20. DATE OF DEATH Jan. 20,	1948 10
7. Birth date of deceased (mo., da 8. AGE: Ye 64. 9. Birthplace	ilnersvill Retire ness B.& O. M illiam B. Ohio	Days 15 If less than one day 15 e. Ohio county, and atate) d achinist Foreman Rosamond	and that I just saw h	DUR
16. Informant	rs. George Greene St 1 tion, or removal. Which?) natory Rose H umberland, Charles Cumberland	Date thereof Jan. 23, 1948 (month) (day) (year) Ill Cem. Md. L. George	Autopyy results	which death should be charged statistically causes, fill in the following; Date of

MARGIN RESERVED FOR

BINDING

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and le

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Registrar

PLE,

(Date rec'd by registrar)

(Include pregnancy within 3 months of death) PHYStCIAN: Please underfine the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to externat causes, fill in the following 23 SIGNATURE

and give nearest town)

OURATION



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State Md County Allegany
City or town 36 W. Loo St. Frostburg Md. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No36 W. Loo S.t.
36 W.Loo St.	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Sarah C.Seggie	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white Widow	20. DATE DF DEATH
6.(b) Name of husband wife Ashon L. Sugge	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 7. 3. 7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	and that I last saw h. er all ead Jan. 7 ts 48
deceased (mo., day, yr.) Oct. 17- 1869	Immediate cause of death
8. AGE: Years Months Days It less than one day	Coronary occlusion at once
78min.	
9. Birthplace Thrustley allegand side;	Due to
10. Usual occupation I was works	Due to
11. industry or business Den home	DUC 10
	Other conditions arteriosclerosis severa
12. Name Tabias Trants 13. Birthplace Frostbuy, und	Tranza
	(Include pregnancy within 3 months of death)
14. Malden name annie L. Milly 15. Birthplace Barton, und	Major findings of operations
	Date of op.
16. Interment 2000s Edward P. Gradden	Antopsy results
Address chicago lel.	22, VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, sulcide, or homicide
Cill to to	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory.	
Location hostily had	Injured at home, farm, Industry, public place (where?)
18. Funeral director. M. Euchleson	Means of injury Medical Examiner - Allegany Oc
Address Lanaconing, had	23. SIGNATURH. V. Deming M.D. H. V. Deming m.D.
19. (Date rec'ti by registrar) 1948 Mis. Hauly N. Registrar	Address Cumberland Md. Bate signed 1-7-48

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The correct age cant. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, Is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

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eg.	Diat.	No.	T

1	CERTIFIC	AIE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOM) (For newborn infants give residen	E) OF DECEASED:
	266 1277 4 277	State MARYLAND	
	MARYIAND town smits, write RURAL and give nearest town)	City or town CUMBER LANI) limits, write RURAL and give nearest town)
Hospital, Institution, or street address	where death occurred:	Strat No. 12 LATING AV	/E.
MEMORIAL HO	SPITAL	(If rural	l, give LOCATION)
How long in hospital or institution?	1 DAY	2.(a) If veteran, name war	
3. (a) FULL NAME	Tesse Charl	A <	3. (b) Social Security Number
4. Sex 5. Color or rac		MEDICAL	L CERTIFICATION
	A 757A 777		
MALE WHIT	E SINGLE		1.6:10
6,(b) Name of husband or wife		1/2n. 28.	ate above stated; that Mended deceased from
deceased (mo., day, yr.)	28, 1948	Immediate cause death	
8. AGE: Years Months	Days If less than one day	1	
a 0	1hrs. 04 9	min.	Lur
A DULL CIMPEDIA	ND ND	Due to	
9. BirthplaceCUMBERIA		9	
10. Usual occupation	art	Pue fe	
11. Industry or business		Due to	
	JESSE	Diher conditions.	
	- College to the		
		(Include pregnancy with	thin 3 months of death)
14. Malden nameSWICK	VERNA	Major findings of operations	
15. Birthplace W. VA.			Date of op.
16. Informant Jesse C.	Shadwell	Autopsy results	
	1 1 1	PHYSICIAN: Please nuderline the cause	e to which death should be charged statistically.
Address 12 Laina	Are, Cumberland, Md	22. VIOLENCE: If death was due to exter	rnal causes, fill in the following;
(Burial, cremation, or removal. V	Which?) Date thereof Tanuary 31, 194 (month) (day) (year	Accident, suicide, or homicide	Date of
	,		
Cemetery or crematory	nmount Cemetery	Where did injury occur?(City or t	
Location Cumber	land, Md.	Injured at home, farm, Industry, public pla	ace (where?)
Chil	y Ir. Hope	Meses of Injury	Injured at work?
Address Carrolles	Paul rud	- Ole	1) Suns
19. Jan 3/ 19. (Date rec'd by registrar)	48 Mute R 2 monty.	23. SIGNATURE	Date signed 30/48
(remeree a by registrary		Dad(200:	

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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY City or town CLIMBERLAND (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? Hospital, Institution, or streel address where death occurred. How long in hospital or institution? DAYS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town timits, write RURAL and give nearest town) (If outside city or town timits, write RURAL and give nearest town) (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME MRS. ELIZABETH SHERMAN	3. (b) Social Security Number
4. Sex FEMALE S. Color or race WHITE WIDOWED 6. (a) Name of husband or wife WILLIAM F. SHERMAN 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day Ars 9. Birthplace MISSOURI Town, county, and state) 10. Usual occupation MISSOURI Town, county, and state 11. Industry or business 12. Name JOHN FINDRA WIDOWED 6. (a) Single, married, widowed, or divorced WIDOWED 8. (b) Mame of husband or wife WIDOWED 8. (c) It alive, give age 9. Sirthplace (Town, county, and state) 11. Industry or business 12. Name JOHN FINDRA WIDOWED 8. (c) Single, married, widowed, or divorced WIDOWED 8. (d) Single, married, widowed, or divorced WIDOWED 8. (e) SHERMAN 8. (e) It alive, give age 9. Service of the state of the	MEDICAL CERT:FICATION 20. DATE DF DEATH JANIJARY 1, 1948 19 at 14:00 PM 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19 48 and that I last saw he alive on 18 48 Immediate cause of death DURATION Certific Country Country Country Due to 20 20 20 20 20 20 20 20 20 20 20 20 20
16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD 17. Bureal (Burial, cremation, or removal). Which? Cemetery or crematory. Mindle Company (Month) (day) (year) Location Manual Memory (Month) (day) (year) Location Manual Memory (Month) (day) (year) Location Manual Memory (Month) (day) (year) 18. Funeral director Manual	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide

BINDING FOR RESERVED MARGIN WITH UNFADING INK. Supply every item of information carefully, 'the dorfet age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Di	at.	No	ò	

Date signed 1-13-48...

CERTIFICATE OF DEATH

CERTIFICAL	E OF DEATH
A. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME (For newborn infante give residence
Oty or town. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months	State Md. City or town. Cumberland (If outside city or town
Hospital, institution, or street address where death occurred: 20 Arch St.	Street No. 20 Arch St.
How long in hospital or institution? Memorial Hospital	2.(a) if veteran, name war
3. (a) FULL NAME	
Connie Louise Smith 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL
Female White single	20. DATE OF DEATH Jan. 1:
	21. I CERTIFY that death occurred on the da
8,(b) Name of husband or wife	
7. Birth date of ° deceased (mo., day, yr.) Sept. 24, 1947	and that I last saw heraRead
8. AGE: Years Months Days It less than one day	Congestion of the
0 3 19hrsmin.	
9. Birthplace.Cumberland. Md. (Town, county, and state)	Due to Whooping Cou
10. Usual occupation	Due to
11, industry or business	
E 12. Name Lloyd E.Smith 13. Birthplace Flintstone, Md. W.Va.	Dther conditions
13. Birthplace Flintstone, Md. W. Va.	(Include pregnancy with
[14. Maiden name Audry V. Holliday	Major findings of operations
2 15. Birthplace Paw Paw W.Va.	tieler negese et eherenen
14. Maiden name Audry V. Holliday 15. Birthplace Paw Paw W. Va. 16. Informant Mr. Lloyet. Smith	Autopsy results
Address 20 Arch St. Cumberland, Md.	PHYSICIAN: Please underline the cause
	22. VIOLENCE: If death was due to extern
Burial Bate thereof Jan. 15, 194 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Fairview Cem.	Where did injury occur?(City or to
Location Inglesmith, Penna.	Injured at home, farm, Industry, public place
	Meens of Injury
18. Funeral director Charles L. George	Deputy Medical E:
Address Cumberland, Md.	23. SIGNATURH V. Deming
19. Jan. 15 19 48 W.R. Trant M. N. Registrar	

State Md. Cour		
City or town Cumberland (If outside city or town limits	, write RURAL and give nearest	town)
Streel No. 20 Arch St. (If rural, give	LOCATION)	••••••
2.(a) if veteran, name war	••••••••••••	
	3. (b) Social Security Num	nber
MEDICAL CE	ERTIFICATION	
20. DATE DF DEATH Jan. 13	10 48 11	9 200
21. I CERTIFY that death occurred on the date abo		(4)
and that I last saw hera RoadJa	in. 13	194.8
Congestion of the	lungs 2	days
Due to Whooping Cough		
		weeks
Due to		
Dther conditions		
(Include pregnancy within 3 n	nonths of death)	
Major findings of operations		***************************************
	Date of op	***************************************
Autopsy results	ich death should be charged stati	stically.
, 22. VIOLENCE: If death was due to external cau	ses, fill In the following;	
Accident, suicide, or homicide	Date of	***************
Where did Injury occur?(City or town)		tate)
injured at home, farm, industry, public place (wh	nere?)	
Meens of Injury	Injured at work?	
Deputy Medical Exam		-
23. SIGHATURH. V. Deming M.I	M. D. 701	ther

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infante give residence of mother)

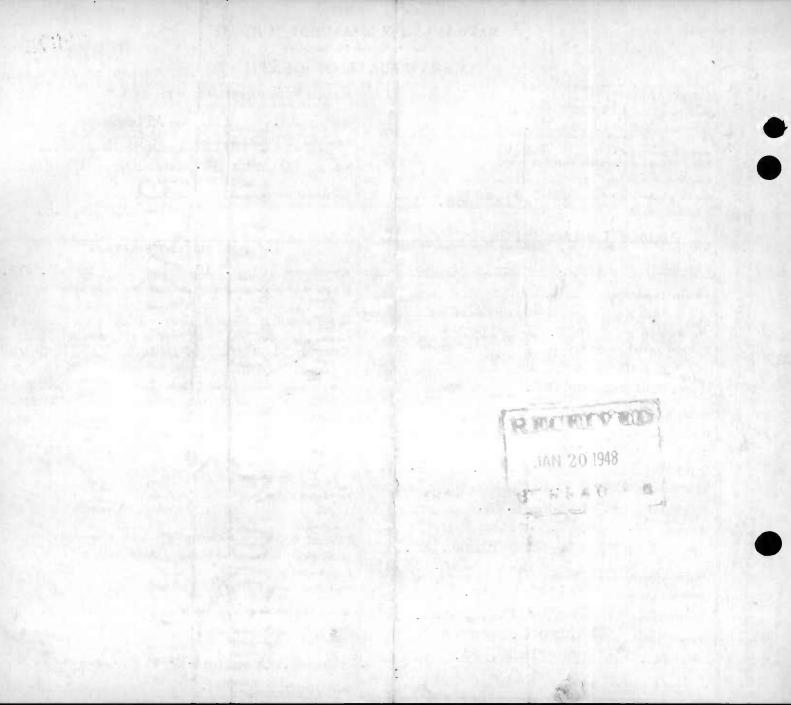
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	CERTIFICATE O	r DEAIN	Reg. Diat. No.
1. PLACE OF DEATH:	2. US	UAL RESIDENCE (HOME	O OF DECEASED:
County Allegans			Allipan
Oily or town (If outside city or town timits, write RURAL	State	naryland	Cousty County
	City or	town Osma	imits, write RURAL and give nearest tow
How long in above place of death?		(If outside eity or town I	mits, write RURAL and give nearest tow
Hospital Institution on street address where doubt occurred:	Street	10.670 / seh	c and
		(If rural,	give LOCATION)
How long In hospital or institution?	2.(α) 1	veteran, name war	
3. (a) FULL NAME	Villiam e	Smith	3. (b) Social Security Number 215-16-485
4. Sgx 5. Color og race 6.(a) Single, marri	ed, widowed, or divorced	MEDICAL	CERTIFICATION
male plante mas	rues	E OF DEATH SAN	15 1948 21/
ever D			
6.(b) Name of husband or wife			e above stated; that I attended disceased from
6 (c) If all			19 48,6
7. Birth date of	and tha	I last saw h. Malive on	1-15-
deceased (mo., day, yr.) UCL 79	Immed	ate come of death	D
8. AGE: Years Months Days 111	ess than one day	///	0,0
14 2 23	hrsmin.	brouges	Hombon
la marker land	and		
9. Birthplace(Town, county, and state)	The state of the s	innuana	1 (11112-0-1)
10. Usual occupation Contractor	Bricklands	76 80 8	
	Due fo	/CCC	
11. Industry or business own Busin	ess '		
12. Name Swlun > multh		onditions	
13. Birthplace			
CO. Posth Rit	1.	(Include pregnancy with	in 3 months of death)
본 14. Maiden name	~	findings of operations	11500
15. Birthplace			
M. COO. Researce		y results Mone	2
16. Informan	O O O PHYSI	CIAN: Please underline the cause	to which death should heacharged statistics
Address 320 Richam C	THE PROPERTY OF THE PERTY OF TH		
17 Quil Date thereof	10m 17 /748	OLENCE: If death was due to externa	* ***
(Burial, eremation, or removal, Which?)	(month) (day) (year)	t, suicide, or homicide	
Cemetery or crematory Mullerest By	mal Tank Where	did injury occur?(City or to	wn) (County) (State
C. O. O. O. M.			
Location	injured	at nome, farm, industry, public plac	e (where?)
Jones St.	9me Maans	of Injury	Injured af work?
18. Funeral director	1 mal	71/19	
Address Comberland	y ona.	100 N 67	Heliamo
0 16 15 10 0	Eart m 1 23. 8	SHATURE	M. D. or other
10 MIN 18 1940 W.K.	Registrar Address	471 111 P. D.	de la la

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MARYLAND STATE DEPARTMENT OF HEALTH

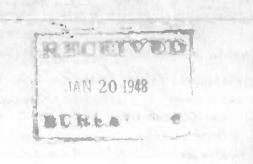
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegany	(For newborn infants give residence of mother)
le 1. F dea la d	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	City or town
Hospital, Institution, or effect address, where death occurred:	Street No. 439 arch ST.
439 arch st	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alland Lee S.	hence
4. \$99 5. Color oyrace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Mite Gridomed	20. DATE OF DEATH Jan 12 19 48 21/2 19 M
6.(b) Name of husband or wite Pearl D. Tipton	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
E (a) If all the eight age.	September 16 18 47 19 Jan 12 18 48
7. Birth date of	and that I last saw h was alive on on Jaluay 11 18 48
deceased (mo., day, yr.) / 17 /8 %2	Immediate cause ul death
8. AGE: Years Months Days It less than one day	Caucer - stomach, seinher type 10 worths.
6.5 11 25hrsmin.	
8 O : 00 10 1/21	Carlosson In the
9. Birthpiace	Due to Courte should
La A a La .	al rue
10. Usual occupation Carpenter	Due 10
11. Industry or business this hard	
	Other conditions
NE MILL	Other Conditions
	(Include pregnancy within 3 months of death)
14. Malden name	£ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
15 Richniace W. Val.	Major findings of operations of the Solo 17 1948
Ž 15. Birthpiace	entire source Date of op Sky:
16, Informani Miss winders Taking	Autopsy results.
Address 439 anh Sy Chubuland, My	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17 Burial eremation or removal Which?) (Burial eremation or removal Which?) (mont?) (day) (year)	Accident, suicide, or homicide
(Burial, eremation, or removal, Which!)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Foot ashler W.V.	Injured al home, farm, Industry, public place (where?)
9	Means of Injury injured all work?
18. Funeral director	
Address Clambuland MA	- Wellow French m.D.
I I I I I I I I I I I I I I I I I I I	23. SIGNATURE M. D. or other
18 Augustrar 19 4 WAR. OVALUA Registrar	Preside land seed Bota signed (-13-48.
//(Date rec'd by registrar) Registrar	Address

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. 9-45-15M A15 SA



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MARYLAND STATE DEPARTMENT OF HEALTH

DAILER DELLE	TARREST OF		1
411 N. Charles S	, Baltimore	1600	

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... Date signed.....

Rea.	Dist.	No	

RESIDENCE (HOME) OF DECEASED: ewborn infants give residence of mother) Maryland County Alleba Cumberland (If outside city or town limits, write RURAL 213 Davidson Street (If rural, give LOCATION) ran, name war. 3. (b) Socia
3. (b) Socia
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MEDICAL CERTIFICAT
DEATH Jamuary 7
If that death occurred on the date above stated; fhat I a
hunduty
ORS. (Include pregnancy within 3 months of death)
(include pregnancy within 5 months of death) 2s of operations
nits

State Maryland Con	usty Allegeny
City or town	s, write RURAL and give nearest town)
Street No. 213 Davidson St	
(If rural, give	
2.(a) If veteran, name war	
	3. (b) Social Security Number
	37
MEDICAL C	None ERTIFICATION
20. DATE OF DEATH JEHUSTY	7 1948 al 11 A
21. I CERTIFY that death occurred on the date ab	
19.	10 19 4
and that I last saw h Annualive on	Jen 1547
Immediate capse of death	DURATION
Chemolintes	
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Due to Premulence	deprelier
alexanter	U
Due 10	
	}
Dther conditions	
(Include pregnancy within 3	months of death)
Major findings of operations	
	Qate of op
Autopsy results	
PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
22. VIOLENCE: If death was due to external ca	uses, fill in the following;
Accident, suicide, or homicide	Oate of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (m	rhere?)
Means of Injury	Injured af work?
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on contribe Tuller	3 Mulword
23. SIGNATURE	M. D. or other

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DR. BROADRUP

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

g. Dist. No. 4

	Reg. Dist. 100.
1. PLACE OF DEATH: COUNTY.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State MARYLAND County ALLEGANY CUMBERLAND (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred: MEMORIAL How iong in hospital or Institution? 85 DAYS	Street No. 227 SPRINGDALE ST., (If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE INFANT	20. DATE DE DEATH JAN. 28, 1948 19
6.(b) Name of husband or wife	and that I last caw h alive on factors along stated; that altended deceased from 7 8
8. AGE: Years Months Days If less than one day	Immediate cause of derth OURATION
0 3 23 🛎nrsmin.	Jemalure
9. Birthplace CUMBERLAND MARYLAND (Town, county, and state) 10. Usual occupation In Inc. 150 -	Due to I a fout 5 husifus
11. Industry or business	duration and weight
ROBERT SULSER 12. Name MARYLAND 13. Birthplace	Other conditions 2 100 0 000 ds. (Include pregnancy within 3 months of death)
14. Malden name MARY RUTH FRENCH MARYLAND 15. Sirthplace	Major findings of operations
16. Informant Rabert F. Sulser	Antopsy results
Address 227 Springdale 57, 17. Burial (Burial, cremation, or removal. Which?) Date thereof Tanuary 29, 1948. (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Zion Memorial Park	Where did injury occur?
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Johns of No fee	Meene of injury Injured at work?
Address Confebruard, read	23. SIGNATURE
18 Lau. 29 18 48 W. Frank, M.D. Registrar	Abdres Ceedhaland Md. Date signed 1-28-4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DR. W. F. WILLIAMS

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND ALLEGANY	
CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)	State County County RICAL CUMBERLAND, MARYLAND	
How long in above place of death? 2 days Hospital, institution, or street address where death occurred:	(It guiside city or town limits, write RURAL and give nearest town) Street No	
MEMORIAL HOSPITAL	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
TASCHENBERGER, ANNA K. MRS.	More	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
FEMALE WHITE MARRIED	20. DATE OF DEATH.	
6.(b) Name of husband or wife RAYMOND TASCHENBERGER	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
	19. J. 10 19. 19.	
7. Birth date of NATURALDED 77 7000	and that I last saw h. lalive on 18.	
	Immediate cause of death DURAT	
o, Aul.	La Double De De Land	
	I Aga pertura	
9. Birthplace	And 10 () ()	
(Town, county, and state) HOUSEWIFE	La duc les de Jano	
IV. USUAI OCCUPATION.	Due to.	
11. Industry or business Own home		
12. Name LAWRENCE ROELKE. 13. Birthplace MARYLAND	Other conditions	
13. Birthplace MARYLAND	(Include pregnancy within 3 months of death)	
14. Maiden name MARY THOMAS	(Include pregnancy within 8 months of death)	
14. Maiden name MARYLAND 15. Birthplace MARYLAND	Major findings of operations.	
_ / / /	Date of op.	
16. Informant Roymand Tasebenberger	Autopsy results	
Address Pt. 4. Cum Serland, Md.		
Burial Bate thereof Jan. 11. 1948	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof. Ton. (May) (year)	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?)	
18 11.11 2	Means of Injury Lajured at work?	
Address Calibultud Dud	It In live	
19 Jan 9 19 48 W.R. Frank, M.S. Registrar	23. SIGNATURE M. D. of piner	
(Date ree'd by registrar) Registrar	Address Date gned	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Beltimore

CERTIFICATE OF DEATH

	CERTIFICATE O	DLAIII	Reg. Diat. No.
1. PLACE OF DEATH: County	State City or Street 1	UAI. RESIDENCE (HOME) OF D For newhorn infinits give residence of mot fown (If outside city on town limits, w (If rural, give LO veleran, name war	ther Company of RURAL and give nearest town)
3. (a) FULL NAME	yn Than		3. (b) Social Security Number
5.(b) Name of husband or wife	darried, gidowed, or divorced 20. DATE 21. I GE Aller size are	MEDICAL CER OF DEATH Service BTIFY that death occurred on the date above a Climber 3 / 19.	Tates: that I attended deceased from 10 19 48
1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days 70 9 10	It less than one day It less than one day Immedia	I last saw h . M. alive on Jan ale cause of death pertension Cardes disease	- vsauler 29lars
9. Birthplace (Thwp, county, and state of the state of th	Due to	atterio - sclerosi	*
13. Birtholace Len	B. Vathin	(Include pregnancy within 3 montained and ings of operations.	
16. Informant Color Address 2 2 Gentle St	Frestling his PHYSIC	results	
17 Date thereof (Burial, cremation, or removal. Which) Cemelery or crematory	(month) (day (year) Accident	LENCE: If death was due to external causes, suicide, or homicide	
18. Funeral director	200 11 44 / // 1	if home, farm, industry, public place (where	Injured af work?
Address 19 48 Miles	Laury X Resistar Address	Frostlyns. M.	M.D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

DURATION

			16
Reg.	Diat.	No	7

	2411 N. Charles St., Baltimore	,
,	CERTIFICATE OF DEATH Reg. D	iat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn infants give residence of mother) State. County City or town (If outside city or town limits, write RURAL Street No	egany
3. (a) FULL NAME Cora Inal	2 Jurga Ms	al Security, Number
Finale Mite Single married,	20. DATE OF DEATH	1948 31 5
6.(b) Name of husband or wife	give age years and that l'ust saw has alive on limmediate cause of death	5 11 5 DUR
9. Birthpiace (Town, eounty, and state) 10. Usual occupation	Due to.	5-
12. Name In Angles In In Inc. 13. Birthplace In Inc. 14. Malden name Inc. 15. Birthplace Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	Other conditions	
16. Interment Lengths Daving	Antopsy results	
R. O	22. VIOLENCE: If death was due to external causes, till in the to Accident, suicide, or homicide	Oate of
18. Funeral director Amon Stein and Address Combaline		at work?
19. Jan 19. 4 8 W.R. C.	Frank Registrar Address Comberlar	M. D. or other

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly. MARGIN PLAINLY, vis especially PLEASEWRITE A15

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DR. ENFIELD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

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Reg.	Diat. No.

CERTIF	TCATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest to	own) State MARYTAND County ALLEGADY OLDTOWN City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No
How long in hospital or institution? 5 DAYS	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
JAMES CLAUDE TWIGG	105-09-9801
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH JANUARY 30 15 10:30 A
6.(b) Name of husband or wife. MARTHA TURNER 6.(c) If alive, give age 42 7. Sirth date of deceased (mo., day, yr.) APRIL 20, 1898	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
9. Birthplace MARYTAND (Itowin, county, and state) 10. Usual occupation Boiler maker 11. Industry or business Bao Railroad	Due to. Due to.
12. Name JOHN TWIGG 13. Birthplace MARYLAND	Uther conditions (Include pregnancy within 3 months of deal)
14. Maiden name. MARY SHRYOCK 15. Birthplace MARYLAND	Major findings of operations. Date of op.
16. Informant/1/2. Fames C. T. Migg Address Rt. 1, Oldtown 17d 17. Buria (month) (flay) Cemetery or crematory (11. Tabor 17ethodist Com.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (year) Accident, suicide, or homicide. Date of
Location Sparing Gap 11	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Means of injury Injured at work?
19. Tel. 2, 19 48 W. Frank, (Date rec'd by registrar)	M. D. or other Registrar Address. Address. Date signed.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			CERTIFICA	THE OF BELLLIA	Reg. Dist. No	
1. PLACE OF DEATH:	A330	00.00.00.77		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
County			·····	State Maryland county Allegany		
City or town	Cumb	erland	JRAL and give nearest town)	" Cumbonlan	3	
			and give heatest town,	City or town Cumberlar (If outside eity or town limi	ts write RIPAL and give nearest town)	
How long in above place of dea Hospital, institution, or street	address where de	eath occurred:	***************************************	Street No. 1116 Bedford	St.	
111	6 Bedf	ord S	t.	Street No. (If rural, giv	re LOCATION)	
How long in hospital or institu	ution?		······································	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security Number	
	Lawan	No+1	oon Woonen		None	
4. Sex 5. Co	plor or race	6.(a)Single.	nan Wagner , married, widowed, or divorced	MEDICAL C	CERTIFICATION	
					O.C.	
Male	White	W:	ldowed	20. DATE OF DEATH Jan. 6	19.448. at 15.4	
6.(b) Name of husband or wife	Grace	Beas	Ley Wagner	21. 1 DERTIFY that death occurred on the date a		
) If alive, give ageye		T 10 10 194	
7. Birth date of				and that I just saw halive on	10 G	
deceased (mo., day, yr.)	July :			Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	It less than one day	Marana A. A. All	Variation 2	
63	5	25	hrs	in. //wywwwwwy	wood foreless 19	
9. Birthplace	umberla	and. I	Md.	Due to	6//	
3. Biringiate				Messero	sagement	
1D. Usual occupation	Reitro	ed		Due to	, ,	
11. Industry or business	Real E	state				
The state of the s				Dther conditions		
	Maryla					
≥ 13. Birthplace				(Include pregnancy within	months of death)	
본 14. Maiden name	rrance	s rouf	g	Major fiedings of operations		
14. Maiden name	W. Va.					
	Nathar	n Hann	ren			
16. Informant Mrs. Nathan Hauger				PHYSICIAN. Please underline the cause to	which death should be charged statistically.	
Address 1116 Bedford St. Cumberland, Md.				22 VIOLENCE: If death was due to external c	auses, fill in the following;	
17 Burial Bale thereof Jan 9 1948 (Burial, cremation, or removal, Whiteh?)				Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Mausleum						
Location Cumberland, Md.				Injured at home, farm, Industry, public place (
18. Funeral director	Charles	a L. C	George	Means of Injury	Injured A work?	
Address Cumberland, Md,				Anne	11/108/nn	
		AT TOTAL	A PICL .	// 1 1 1 1 1 7 / 2		
19 AM . 9		- /	1 tranto m	23. SIGNATURE	M. D. or other	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTITICAT	Reg. Dist. No.
1. PLACE OF DEATH: Gounty Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	State Md. county Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 147 Hanover St. (If rural, give LOCATION) 2.(a) It reteran, name war.
	Z.(v) II receisi, ilsine wat
3.(a) FULL NAME Ozzie Banks Washington	3. (b) Social Security Number 213-18-2041.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored widower	20. DATE OF DEATH Jan. 28 19.48 21 10. A. M
6.(6) Name of husband or wife Ruth Frances Burley"	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h im a Dead Jan. 28 19. 48
deceased (mo., day, yr.) Dec. 5-1885	Immediate cause of death
8. AGE: Years Months Days If less than one day 62 55 1 2 3	Chronic parenchymatus nephritis about 2
9. Birthplace Martins burg Berkeley W. Va.	Due to
10. Usual occupation.	Due to
11. Industry or business Hotel 12. Name Washing to M 13. Birthplace Vakyowa	Other conditions edema & hypertention
13. Birthplace 14. Maiden name. Ann. a Vn Known Vn Known	(Include pregnancy within 3 months of death)
L L	Major findings of operations
0	Autopsy results
Address 207 Wallace St Comberland Hd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bur d. Date thereot. J. 4. 31. 19 Y. (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Washington tomily Com	Where did Injury occur?
Location Wiley for d. WOST Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Deputy Medical Examiner - Allegany
Address ("umber land, Wy.	23. SIGNATURE N. D. Eming M. D. H. V. Daming M. D.
19. Josef 19 48 Marke & Cronky Ma (Date rec'd by registrar) Begistrar	Address Cumberland Md. Date signed 1-28-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00(89) eg. Diat. No.

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State City or town (if outside city or town limits, write RURAL and give nearest town) Street No. 2 (If rugal, give LOCATION)
How long In hospital or Institution? 3 years	2.(g) If yeleran, name war.
3. (a) FULL NAME	
Maria Danten	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Finale White Wadowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH TOTAL 19.48 at 3 304
6.(b) Name of husband or wife Janus Western	21. I PERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 28 - 1856	and that I last saw h. L. alive on Jan 6 1548
8. AGE: Years Months Days If less than one day 9	Immediate cause of death Selection Selection Selection
9. Birthpiace tookship to the greens, his	Due to. Semulis
10. Usual occupation	Due to.
E 12. Name Alljan Logueso	Diher conditions
13. Birthplace	(Include pregnancy within 3 months of death)
15. Birthpiace Tales	Major findings of operations.
16. Informant May Mayer	
Address 10 2 11 (april of St. Total 12 11 11 11 11 11 11 11 11 11 11 11 11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Cemetery or crematory Cemetery or crematory	
Location Fronting and	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Que of the Dayles	Means of injury Injured at work?
Address Frestling Who!	23. SIGNATURE JOM JANO M2
19.1-10 1948 Me Haucy N. Kore	M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

OERTH TON	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death accurred:	Street No. 12 Usl St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Henry J. Wiebrech 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3 10 1100
male White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH January 6 18 48 at 3 P. M
6.(b) Name of husband or wife. Ausbur Wiebrecht, 6.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) (sulley 22 1873) 8. AGE: Years Months Days It less than one day 13	and had I last early M. alive on January Duration Immediate cause of death Character grant and grant
9. Sirthplace. Trostlying Ollegary md. (Townfeogney, and state) 10. Usual occupation	Bue to Albrio Selevolis 298.
11. Industry or business See Plant 12. Name Concad Wiefrecht	Other conditions
13. Birthplace H. Maiden name Elizabeth 15. Birthplace Meknown	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant. David Wiebecht	Autopay results
Address 17. Burial, cremation, or ramoval, Which?) Dat Thereot. County (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, eulcide, or homicide
Cometery or exemplory Stow Crase + Reformed Sewelley	Where did injury occur?
18. Funeral director	Meene of injury Injured at work?
Address 19. 1-7 (Date ree'd by registrar) 19.48 Muo. Markey & Rogistrar Registrar	23. SIGNATURE M. D. or other Address Trostling Del Date signed



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information carefully. of death clearly and le

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			1	
Reg.	Dist.	No.	4	

How long In above place Hospital, Institution, or	Cumber coutside city or town le of death? street address where Allegany H r institution?6	land imits, write R 54 Year death occurred lospita. Days Alice	4.	2.(a) If veleran, name war	co of mother) County Alle Land limits, write RURAL t give LOCATION)
Female	White		Widow	20. DATE OF DEATHJamuar	
6.(b) Name of husband or wife Charles C. Willison 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) February 24 1872			21 DERTIFY that death occurred on the da	ite above stated; there	
8. AGE: Year 75	10	Days 22	If less than one dayhrsmin.	A	apop
Portland, Maine (Town, county, and state) House 10. Usual occupation			Due to		
14. Malden name 15. Birthplace 16. Informant	Sophroni Portl ss Mildred	a L. Wand, Mand, M	inslow aine son	(Include pregnancy with Major fieldings of operations	
17. Bu (Burial, cremation Cemetery or cremat	riel n, or removal. Which Hil Cumber	Date ther		22. VIOLENCE: If death was due to extern	own) (Cov
18. Funeral director. William H. Kight Address Cumberland, Md. 19. Fau / 5 (19.4/5) W.R. Trautz, M. D. (Date rec'd by registrar) Registrar			23. SIGNATURE	easter est	

State Maryla	and cou	nty Alle	gany	*******************************
	Cumberlas	nd		est town) .
Street No. 747	(If rural, give	LOCATION	******************	
2.(a) If veleran, name w		LOCATION)		
2.(6) Il referan, name n			1.0 . 1	
		3. (b) Soci	al Security N	(umber
		N	one	
	MEDICAL CI	ERTIFICA'	TION	
20. DATE OF OEATH	January	16	1948	at 3 A
21 DERTIFY that deat	h occurred on the date abo	ve stated; there	attended deceas	sed from
Jan.	9 19.5	48 10	de /	6 19 48
and that I last saw h	alive on	4 /6/		19.4
Immediale cause of de	. //			DURATION
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ares	Fral a	pap	lever	
Due to	/	// //	77	***************************************
Due 10	V	/	- /	*************************
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Due to	********************************	***************************************		***************************************
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Diher conditions			и	*************
(Inclu	de pregnancy within 3 :	months of death	1	-
Major fiedings of oper-	ations			
***************************************		Date	of op	
Autopsy results PHYSICIAN: Please u	uderline the cause to w	hich death should	be charged s	tatistically.
22. VIOLENCE: If dea	th was due to external cau	uses, flil in the fo	liowing:	
Accident, suicide, or ho	micide		Date of	
Where did Injury occur	(City or town)	(Cou	nty)	(State)
Injured at home, farm, I	Industry, public place (w	here?)		******************
Mesns of Injury			at work?	-
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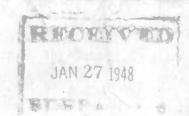
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ADING INK. Supply every item of information carefully. The capply Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- CERTIFICATE OF DEATH

	00032
Reg. Dist.	No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State
How long in above place of death? Hospital, institution, or street address where death occurred: Va. Ave. W. Md. R. Ry. crossing, RiverRoad.	Street No. 1005 Lafayette Ave. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Blanche Wolford	none. 5
Blanche Wolford 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white single	20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
6,(c) If alive, give age	
7. Birth date of	and that I last saw h. er alive Dead Jan 4 19.48
	Immediate cause of death
8. AGE: Years Months Days 11 less than one day	Exsanguination & mutilation at once
9. Birihplace	Due Crushed skull, left arm servered
9. birmprace	fractured, left femur, compound
10. Usual occupation. Housework	*M. *comminuted fractureabove left anlke
11. Industry or business	fracture above right ankle & abrasions
質 12 Name William Wolford	Due being hit by a W.Md.R.Ry.
12. Name William Wolford 13. Birthplace W. Va.	engine while walking across tracks. (Include pregnancy within 3 months of death)
14. Maiden name Mary Wolford	
14. Maiden name Mary Wolford 15. Birthptace W. Va.	Major findings of uperations
16 Informant MR. Rex Gulbronson	
	Autopsy results
Address 1005 Layaffette Ave. Cumberland	22. VIOLENCE: If death was due to external causes, fill In the following:
Burial Oate thereof Jan. 7, 1948 (month) (day) (year)	Accident, suicide, or homicide. accident Oate of 1-4-48
(Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cem	Where did injury occur? Cumberland Allegeny Md. (State) 1 ng
	Injured at home, farm, Industry numble place (where a Ve. Ave. R. Ry. cross-
Location Cumberland, Md.	Maans of Injury 25 200Ve Injured at work? no
18. Funeral director Charles L. George	Maans of injury as above Injured at work? no Deputy Medical Examiner - Allegany
Address Cumberland, Md.	23. SIGNATURE H. V. Deming M. D. H. V. Deming M. D. M. B. D. Or Ober
19 Jan 1 19 48 W.R. Trantz, M.D.	Address Cumberland Md. Date signed 1-4-48



WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly

WRITE PLAINLY,

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Seorge G. Journa 5. Color or race (6.(a) Single, married, Assowed, or divorced	3. (b) Social Security Number 213-12-9834
Inale White Grarried	MEDICAL CERTIFICATION 20. DATE OF DEATH 2 4 9 5 10 P. N
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
10. Usual occupation	Durio alemosterolis Lord disers Alemosterolis L
14. Malden name	Major fiadings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17 (Burial, cremation, or removal, Which?) Cemetery or matory	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE. W. alfed Va one Address. 1/0 S only 24. Cumbel M. Dor other 1/4.

